



AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Participant Name: First Middle Last DOB:
Party: Credentialing Agency:
Contact Person: E-mail:
Phone: Fax:
Street Address:
City: State: Zip:

This authorization is (check one): [ ] New [ ] Renewal [ ] Replacing

PURPOSE OF DISCLOSURE: You are being asked to authorize HPSP to obtain data for the purpose of determining your eligibility for HPSP services, to establish and implement a Participation Agreement, and to provide ongoing monitoring services.

INFORMATION TO BE EXCHANGED BETWEEN HPSP AND THE ABOVE IDENTIFIED PARTY:

Table with 2 columns: Information type, Status (X). Rows include Summary of Participation / Monitoring Compliance, Verbal exchange of information, Closed Case Status.

I UNDERSTAND THAT:

- My decision to allow release of the data to Employee Health Services is voluntary;
HPSP wants to release the data to assist in determining my ability to practice safely;
Although the data are classified as private at HPSP, the classification/treatment of the data at Employee Health Services may not be the same and is dependent on the laws or policies that apply to Employee Health Services;
I give HPSP permission to discuss the data released by this consent with Employee Health Services.
This authorization expires at the end of one year from the date of signature, unless expressly removed in writing earlier.
I may revoke this authorization at any time by notifying HPSP and the providing individual/organization in writing, and it will be effective on the date notified except for information that has already been released under this authorization.
The information provided to HPSP may be accessible to HPSP medical consultants and other providing organizations authorized to exchange information.
HPSP may release data to other persons and government entities who are authorized to review data, investigate specific conduct, or take other legal action. Data obtained by HPSP is governed by Minnesota Statutes chapter 13 and section 214.35.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_