

TxPOWERDOCS

Documents for Life

HIPAA Authorization Worksheet

The HIPAA Authorization is a document that gives health care providers and insurance companies permission to release your protected health care information with certain individuals you name in the document.

In addition to the HIPAA document, you will need the Medical Power of Attorney document. The agent under your HIPAA document will have access to your protected medical information, but will not be allowed to make a medical decision for you. __

Personal Information

In the space below, enter your full legal name as you would like for it to appear on your HIPAA Authorization.

Your Full Legal Name (HIPAA) *

First Name

Middle Name (optional)

Last Name

Suffix (optional)

Authorized Recipients

I appoint the following persons or entities, or any of them, as Authorized Recipients for health care disclosure under the Standards for Privacy of individually Identifiable health Care Information (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Texas Health & Safety Code Chapter 181. If you are ordering or already have a HIPAA Authorization document, enter the HIPAA agent information here.

How Many Authorized Recipients? (HIPAA) * Enter 1 thru 3.

First Authorized Recipient's Name (HIPAA) *

First Name

Middle Name (optional)

Last Name

Suffix (optional)

Second Authorized Recipient's Name (HIPAA) *

First Name

Middle Name (optional)

Last Name

Suffix (optional)

Third Authorized Recipient's Name (HIPAA) *

First Name

Middle Name (optional)

Last Name

Suffix (optional)