Emmanuel Family Clinic-Saluda

Franco B Godoy, MD Gisella E Godoy, MD Candace Lawer-Johnson, FNP
501 W Butler Avenue Saluda, SC 29138
Phone: (864) 445-2250 Fax: (877)870-2854

HIPAA AUTHORIZATION FORM

BENEFICIARY INFORMATION

Beneficiary name: ____

Beneficiary Date of Birth: ______________________ Insurance ID: _________________________________

AUTHORIZATION AND DESCRIPTION OF INFORMATION TO BE RELEASED

I, _________________________________hereby authorize Emmanuel Family Clinic of Saluda to release specific health information from the records of the above named beneficiary for the specific purpose of:

____

____

Specific Information to be disclosed (check all that apply):

- Medical Records
- Treatment Records
- Diagnostic Records
- Other:

RECIPIENT (Patient or organization that will receive your information)

Recipient: ____

Phone number: __________________ e-mail: _____________________ Fax number: ____________________

Address: ____

I understand that this authorization will expire on the following date, event or condition:

____

____

I understand that if I fail to specify an expiration or end date, event or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year. I also understand that I may revoke this authorization at any time by completing the Revocation Form located on the South Carolina Department of Health and Human Services website and submitting the completed Form to : Privacy Official, Civil Rights

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Division, SCDHHS, P.O.Box 8206, Columbia, SC 29202-8206. I further understand that any action taken on this authorization before submission of the Revocation Form is legal and binding.

I understand that refusal to sign this authorization will not condition or limit my access to treatment, payment, enrollment or eligibility for benefits available to me.

I understand that my information may not be protected from re-disclosure of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without any further written authorization unless otherwise provided for by state or federal law.

_________________________________ ______________________________________

Signature of Beneficiary *Date*

_________________________________ ______________________________________

*Signature of Legal Representative** *Date*

*Documentation of the authority to act as the legal representative for the beneficiary must be attached

Notice of Non-Discrimination

Emmanuel Family Clinic of Saluda (EFCS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

EFCS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats. We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you believe that EFCS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil right complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 100 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at : 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

LANGUAGE SERVICES

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620)