

KARBYX HomeCare Limited Liability Company
512 Brookfield Drive, Knightdale, NC, 27545, United States

AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the release information may no longer be protected by federal or state privacy regulations.

I authorize **KARBYX HomeCare, LLC** to disclose the following information from the medical records of:

Resident Name: _____ **Date of birth:** _____

Address: _____

Telephone: _____

Covering the period (s) of health care:

From: _____ **To:** _____

From: _____ **To:** _____

Information to be disclosed:

- ☐ Complete health record (s), including all images (x-rays, photographs, etc.)
- ☐ Complete health record (s), excluding all images

OR

- ☐ Select from the following (check as many that apply)
- ☐ Discharge summary
- ☐ History and Physical examination
- ☐ Consultation reports
- ☐ Progress notes
- ☐ Laboratory tests
- ☐ X-ray reports
- ☐ AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus)
- ☐ Mental Health care or services
- ☐ Treatment for alcohol and /or drug abuse
- ☐ Photographs, videotapes, digital or other images
- ☐ Other (please specify) _____

This information is to be disclosed to the following individuals or entity for the purpose of:

Name of client/responsible party: _____ Date: _____