



**DREXEL UNIVERSITY COLLEGE OF MEDICINE AUTHORIZATION FORM  
 FOR OTHER USES OF PROTECTED HEALTH INFORMATION**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. On occasion, the patient and/or the Practice may want to use PHI for reasons other than treatment, payment, and health care operations. This form summarizes the anticipated use of information about you for which this authorization is required. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Specific description of the information to be used or disclosed:**

**(Insert information about particular diagnosis. Example: pregnancy/prenatal care or treatment of sleep disorder)**

---

**Individuals who may use or disclose this information:**

**(Insert name of patient's doctor) Example: Dr. Owen Montgomery and Drexel University College of Medicine**

---

**Individuals who may receive and use the disclosed information:**

**(Insert name of media outlet) Example: 6ABC/WPVI-TV or Philadelphia Inquirer**

---

The above mentioned protected health information may be subject to re-disclosure by the party receiving the information and may no longer be protected by the privacy rules.

By signing this form you authorize the Practice to use and disclose protected health information about you for the reasons mentioned above. You have the right to revoke this authorization at any time, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior authorization. Submit your revocation to the Privacy Officer of the Practice.

Patient name: \_\_\_\_\_  
 Printed Name – Patient

**Patient signature:** \_\_\_\_\_  
 Name Date

If patient is younger than 18 years of age, guardian signature is required.

**Guardian signature:** \_\_\_\_\_  
 Name Date

Relationship to patient: \_\_\_\_\_

In front of: \_\_\_\_\_  
 Printed name

**Witness signature:** \_\_\_\_\_  
 Name Date