

Point to Health Acupuncture
Danielle Quast LAc. MAcOM. NTP
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Patient Authorization for Practice to Release Protected Health Information to Third Parties

By signing this authorization, I authorize Point to Health Acupuncture to use and/or disclose certain protected health information (PHI) about me to or for the party or parties listed below.

This authorization permits Danielle Quast LAc to use or disclose to Quality Medical Billing Services (QMBS) the following individually identifiable health information required for the processing of your insurance claim which may include pertinent healthcare information as requested by your insurance company. Patient confidentiality will be maintained to the fullest extent of the law.

This authorization will expire on date: _____

When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Danielle Quast LAc has acted in reliance upon this authorization. My written revocation must be submitted to Danielle Quast LAc.

Signed by: _____
Signed by Patient

Relationship to Patient

Patient's Name

Date

Print Name of Patient of Legal Guardian