

**PF-3212 Authorization of Disclosure of Protected Health Information By  
Another Covered Entity for Use by Mississippi Urology Clinic, PLLC**

**Information to Be Released:** I hereby authorize: \_\_\_\_\_  
Address: \_\_\_\_\_

to release/disclose the following confidential/protected health information to Mississippi Urology Clinic, PLLC (Please initial the appropriate lines):

- \_\_\_\_\_ Complete Medical Record, or more specifically,  
\_\_\_\_\_ History and Physical                      \_\_\_\_\_ Clinic Notes  
\_\_\_\_\_ Laboratory Tests                              \_\_\_\_\_ Xray/Ultrasound Reports  
\_\_\_\_\_ Urodynamics Tests Results                  \_\_\_\_\_ Inpatient Information  
\_\_\_\_\_ Other (Specify): \_\_\_\_\_

**Purpose of Release:** This purpose of the release/disclosure is to transfer records to another provider/covered entity.

**To Whom Released:** The release/disclosure of information is specifically to (circle one):

Mississippi Urology Clinic, PLLC  
1421 N. State Street, Suite 403  
Jackson, Mississippi 39202  
Attn: \_\_\_\_\_

**Expiration Date of Authorization:** This authorization is effective for one year from the date of signing or through \_\_\_/\_\_\_/\_\_\_ unless revoked or terminated by the patient or patient's personal representative.

**Right to Terminate or Revoke Authorization:** You may revoke or terminate this authorization by submitting a written revocation to **Mississippi Urology Clinic**. You should contact the Private Officer to terminate this authorization.

**Potential for Re-disclosure:** Information that is disclosed under this authorization may be disclosed again by the person or organization to whom it is sent. The privacy of this information may not be protected under the federal privacy regulations.

**Signature**

Name of Patient (Print or Type): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Patient Representative: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_