

Jennifer Michaels Studio, LLC

Jennifer Michaels, LLC - Certified Energy Healer, Life, Creativity & Health Coach
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HIPPA - AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Client Name _____ Date of Birth _____

Previous Name _____ Social Security # _____

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

Please initial **1 (one)** statement below:

_____ I do not authorize sharing of my information.

_____ I authorize Jennifer Michaels *limited* sharing of my Healthcare information to the following:

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

_____ I authorize the release of *any and all records* regarding my healthcare, energy healing, life coaching and / or health & creativity coaching sessions regarding my mental, physical, emotional or spiritual treatment on an as needed basis decided by myself and Jennifer Michaels.

Client Signature: _____ Date Signed: _____

If under 18 - Parent or Guardian Signature _____ Date _____

Note: In order to revoke authorization, a written document stating the intent of the patient to revoke such authorization must be either presented in person to or delivered by certified mail to the address above. This revocation document must contain the signature of the patient or patient's legal representative, and that signature must be formally certified by a Notary public if not done so in person.