

Standard Authorization of Use and Disclosure of Protected Health Information

Information to be used or disclosed: The information covered by this authorization includes:

- ❖ Telephone reminders of appointments and/or announcements
- ❖ Mailed post card reminders of appointments and/or announcements
- ❖ Use of email address to receive newsletters and/or announcements

Persons authorized to use or disclose information: Dr. Robert G. Sones and Gail M. Sones.

Expiration date of authorization: This authorization is effective through December, 2023 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 this office. Contact the Privacy Officer, Gail Sones, at 26310 Oak Ridge Dr. #16, Spring TX 77380.

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

The use of disclosure requested under this authorization will result in direct or indirect remuneration to this office.

I understand this office will not condition my treatment or payment on whether I provide authorization for the requested use or disclosure. I have read the above and hereby authorize Dr. Robert G. Sones and Gail M. Sones to use my protected information for the listed reasons.

Printed name of patient

Signature of patient

Date

Signature of patient representative

Date

Relationship of patient representative to patient

Office representative

Date