



Form 2A-1

**Disclosure of PHI for Treatment, Payment, and Health Care Operations**

Under the HIPPA Privacy Rule, Salem Pulmonary Associates, PC may disclose protected health information (PHI) for treatment, payment, or health care operations without permission from an individual under the following circumstances:

1. For our treatment, payment, or health care operations (TPO)
2. For treatment activities of another health care provider
3. For the payment activities of another covered entity or health care provider, as long as the recipient of the PHI is that covered entity or health care provider
4. For purposes of health care operations, between covered entities participation in an organized health care arrangement(OHCA)

The terms, treatment, payment, and health care operations, as well as healthcare provider and covered entity have specific meanings that must be understood before disclosure. Please read Form 2B-1(SPA Office) for more information regarding your rights. Please see our Privacy Officer from an explanation of these terms.

If you have any questions regarding the permissibility of the disclosure or use of the information, please contact our Privacy Officer. **Name: Mark Harrison (503)588-3945.**

Accept: \_\_\_\_\_

Do Not Accept: \_\_\_\_\_

\_\_\_\_\_  
Signature of individual Authorizing Release of Information

\_\_\_\_\_  
Print Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

I hereby authorize the use and/or disclosure of my PHI with the person or person's listed below: I give permission for them to receive and have access to my PHI. I understand that this authorization is voluntary and is not part of my treatment.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

- You may revoke this authorization at any time by providing written notice to Salem Pulmonary Associates P.C., 801 Mission St SE, Salem, OR 97302. Your revocation will not affect any actions already taken in reliance on this authorization.
- You are entitled to receive a copy of this authorization upon request.