



RELEASE OF INFORMATION

Paragon Health Associates, LLC Park West Office
1 Park West Blvd., Suite 200, Akron, Ohio 44320
Phone: 330.869.9777 Fax: 330.869.0052

I, _____, SS# _____ - _____ - _____, DOB ____/____/____

hereby authorize and give my consent to:

Name: _____ Phone Number: () _____ - _____
Address: _____ Fax Number: () _____ - _____

and its respective agents and employees, to release information limited to the following specific items:

I permit the confidential information to be released only to the following person, agencies, or organizations:

Name: _____ Phone Number: () _____ - _____
Address: _____ Fax Number: () _____ - _____

I permit this confidential information to be released only for the following reasons and purposes:

This authorization to release confidential information may be revoked by me, in writing at any time, except to the extent that action has already been taken. It shall be effective only long enough to answer the purpose for which it is given. No further confidential information will be released without the execution of an additional written statement of consent. I understand that I am not required to give this consent and that I can refuse without any prejudice to my future medical treatment.

_____/_____/_____
Date of Consent

Signature of Patient

(This release shall be valid for 60 days from the date of signature)

PLEASE NOTE: Effective March 1, 2001, per Ohio House Bill 508, there is a copying fee established for all reproductions of medical records. The fee has been established at \$15.00. Please allow 7-14 business days for records to be processed and mailed.

Paragon Health Associates, LLC abides by the HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations set forth by the Department of Health and Human Services. All policies and procedures are in accordance with privacy and compliance regulations. This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure.