

Dr. T. Mark Ricketts
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HIPAA Authorization

Information about your treatment and care, including payment for care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and The Confidentiality Law. Under these laws the provider may not say to a person outside of the practice that you attend the practice; nor may the practice disclose any information identifying you in any way, or disclose any other personal and protected information except as permitted by the federal laws or with your consent.

Please list below the names for the person(s) which you authorize the release of your personal medical information.

1. _____

2. _____

3. _____

4. _____

5. _____

I hereby authorize the staff of the medical office of Dr. T. Mark Ricketts to release my medical information to the individuals listed above.

Name (please print)

Signature

Date