



## Authorization for the Release of Protected Health Information

This form authorizes the release of Protected Health Information pursuant to 45 CFR Parts 106 and 164.

1. The undersigned authorizes the above-named providers, LAS VEGAS UROLOGY, to release contents of medical records to my insurance company for purposes of billing and collecting as requested. The undersigned acknowledges that without this authorization, LAS VEGAS UROLOGY may be unable to bill and collect from patient's insurance company.
2. The information may be disclosed by employees or business associates of LAS VEGAS UROLOGY.
3. The medical record information may also be disclosed to \_\_\_\_\_  
(Insert name of person or people to whom the medical information may also be disclosed.)
4. I acknowledge: that I have the right to revoke authorization at any time, and that I understand that once the information is disclosed, it may no longer be protected by Federal Privacy Law.

This authorization will remain in effect until terminated in writing by the undersigned patient.

You may revoke this authorization only in writing sent by certified mail to LAS VEGAS UROLOGY at the address below. The revocation will be effective only upon receipt, except (1) to the extent that LAS VEGAS UROLOGY has acted in reliance on the authorization, or (2) the authorization was obtained as a condition of obtaining insurance coverage and the insurer wishes to use the protected health information to lawfully contest the claim.

### SIGNATURE

Date

Signed by:

### PRINT

Print Patient Name

### AUTHORITY

If person signed is other than patient, state authority under which signature is made.

7500 Smoke Ranch Rd., #200  
Las Vegas, NV 89128  
(702) 233-0727  
(702) 233-4799 – FAX

7200 Cathedral Rock Dr., #180  
Las Vegas, NV 89128  
(702) 341-9000  
(702) 341-5864 – FAX

7150 W. Sunset Rd., #201A  
Las Vegas, NV 89113  
(702) 233-0727  
(702) 233-4799 – FAX

4 Sunset Way, #B-6  
Henderson, NV 89014  
(702) 454-6226  
(702) 454-7290 – FAX

1701 N. Green Valley Pkwy, #10-C  
Henderson, NV 89074  
(702) 896-9600  
(702) 896-9606 – FAX

9053 S. Pecos, #2900  
Henderson, NV 89074  
(702) 735-8000  
(702) 735-4795 – FAX

8915 S. Pecos, #19A  
Henderson, NV 89074  
(702) 341-9000  
(702) 341-5864 – FAX