



HIPAA Authorization Form "C"

Authorization for Use of Disclosure of Information for Respite Services events and marketing

I, _____, hereby authorize **Easterseals** to disclose the following protected health information to **the general public and Respite Program Volunteer**, regarding (list name of client(s) _____)

Check all that apply:

- Diagnosis - List diagnosis here, if applicable. _____
- Photograph
- Other – Please explain. Interactions with Respite Services volunteers and staff at Easterseals Respite Services sponsored events and activities.

This authorization shall be in force and effect until:

- During clients involvement with **Easterseals** and after, unless authorization is rescinded in writing.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to **Brooke Kaiser at 1420 Spring Street, Silver Spring, MD 20910, 301-920- 9718** I understand that such a revocation is not effective to the extent that **Easterseals** has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to:

- Inspect or copy of the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights.)
- Refuse to sign this authorization.

I have signed a consent form of Easter Seals and have been made aware of **Easterseals** "Notice of Privacy Practices." The statements included in this authorization are binding on **Easterseals**.

Signature of parent/guardian)

Date

Print Name of parent/guardian

Print Name of Client