
I, _____, hereby authorize Moreno Spine & Scoliosis to use or disclose the following protected information: (specifically describe the information to be used or disclosed, including, but not limited to, meaningful descriptors such as date of service, type of service provided, level of detail to be released, origin of information, etc.)

The protected health information may be disclosed: (insert name/s of person or entity that may have or receive the information)

This protected health information is being used or disclosed for the following purposes: (List specific purposes here. The patient may indicate that the information to be released is "at the patient's request" if the patient does not choose to provide an explanation of the purpose of the request)

This authorization shall be in force and effective until:

Date: _____