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UROLOGY  
SPECIALISTS, P.C.

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816-842-0171  
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## AUTHORIZATION OF USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

### Information to be Used or Disclosed

The information covered by this authorization includes:

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### Persons Authorized to Use or Disclose information

Information listed above will be used or disclosed by:

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Name of person or organization

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Name of person or organization

### Persons to Whom Information May be Disclosed

Information described above may be disclosed to:

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Name of person or organization

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Name of person or organization

### Expiration Date of Authorization

This authorization is effective through \_\_\_\_/\_\_\_\_/\_\_\_\_ unless revoked or terminated by the patient or the patient's personal representative.

### Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to *Urology Specialists, P.C.* You should contact the office in writing to terminate this authorization.

### Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

### Signature

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Name of patient (Print or type)

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Signature of Patient

Date

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Signature of Patient Representative

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Relationship of Patient Representative to Patient