



NORTHWEST IOWA UROLOGISTS, P.C.
PRACTICE LIMITED TO UROLOGY

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Standard Authorization of Use and Disclosure of Protected Health Information

Information to Be Used or Disclosed

The information covered by this authorization includes:

Person Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Name of person/organization

Name of person/organization

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

*Northwest Iowa Urologists, PC
1200 1st Ave E, Suite B
Spencer, IA 51301*

Expiration Date of Authorization

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

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Northwest Iowa Urologists. You should contact the office manager 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 _____

Name of Patient (Print of Type)

Signature of Patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient