

**Non-TPO Authorization
Daytona State College
Effective: April 14, 2003**

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize **Daytona State College** or its authorized representatives, to obtain, use, and/ or disclose certain information about me as indicated below.

Daytona State College may obtain and maintain Protected Health Information (PHI) about me to perform specific functions. This authorization describes the type of information that is collected and my rights regarding how that information can be used.

Protected Health Information (PHI) includes individually identifiable health information that is created or received by my provider, my health plan or insurer, a data clearinghouse, a health authority, employer, school or university. PHI can be maintained or transmitted in any form or medium. It relates to the past, present, or future:

- condition of my physical or mental health;
- health care provided to me; or
- payment for the health care provided to me.

PHI does not include summary health information or information that has been de-identified according to the standards for de-identification provided for in the HIPAA Privacy Rule.

This information may be obtained from a number of sources including, but not limited to, applications for health plan coverage, questionnaires, health care providers, claims for payment filed by myself or health care providers, referrals made by health care providers, and my medical records. Other sources of PHI include group health plan administrators, insurance carriers, the Medical Information Bureau, employers, and other business partners such as pharmacy benefit managers, third-party administrators, consultants, agents or brokers. PHI may be obtained over the telephone, by mail, or E-mail.

PHI may be used by **Daytona State College** employees, business associates, and vendors as may be necessary to perform activities such as determination of benefit level usage, new benefit programs, and a variety of managed care programs including but not limited to prescription drug management, disease management, and health care risk assessment, all related to **Healthcare Purchasing Alliance (HPA) Employee Healthcare Benefits**.

Daytona State College is committed to the privacy of your PHI and has required all business associates and vendors to agree in writing to those same protections. Despite these efforts your information may be re-disclosed and would no longer be protected.

I understand I have a right to inspect and copy my own PHI to be used or disclosed.

I understand that I have a right to revoke this authorization at any time and my request must be in writing.

Please refer to the **Daytona State College** Privacy Notice for additional information on how to revoke this authorization. I am aware that my PHI already used and disclosed will not be affected by my revocation. I agree this authorization will be valid until coverage under this plan has terminated and all benefits have been determined.

A simulated, faxed or copied image of this authorization shall be as valid as the original.

Signature

Date

Name

Name of Personal Representative

Relationship to Patient