

# MedAmerica

**BILLING SERVICES, INC.**  
1601 Cummins Drive, Suite D  
Modesto, CA 95358  
209-567-5755  
1-510-879-9146 FAX

## Authorization for Release of Medical Billing Information

**Please be advised beginning April 14, 2003, all requests/authorizations for patient medical and/or billing records must meet federal guidelines specified under the Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule (45CFR§164.508).**

**I hereby authorize the use or disclosure of my individually identifiable health information as described below.**

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Approximate Date(s) of Treatment \_\_\_\_\_

Name of Hospital or Facility where treatment was rendered \_\_\_\_\_

Person/Entity Authorized to Release Information:  
MedAmerica Billing Services, Inc.  
1601 Cummins Drive, Suite D  
Modesto, CA 95358

Person/Entity Authorized to Receive Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Information to be released: Billing Records/Account Information

2. Purpose of the disclosure: At the request of the individual

3. This authorization shall expire one year from the date signed.

4. I understand that I may revoke this authorization at any time by notifying NBSI in writing. However, the revocation will not be valid if:

(a) MBSI has taken action in reliance on this authorization; or

(b) if this authorization is obtained as a condition for obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself

5. I understand that the information released by this authorization may be re-disclosed by the recipient and no longer protected by federal privacy regulations.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of patient