

# THE HICKEY WELLNESS CENTER

Dr. Joseph T. Hickey  
30 NEW ORLEANS ROAD  
HILTON HEAD, SC 29928  
843-842-9960  
843-842-9963 (Fax)

## **AUTHORIZATION TO RELEASE**

Our Notice of Privacy Practices provides information on how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of the notice may change. If we change our notice, you may obtain a revised copy from our office listed above. You have the right to request how we restrict protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you, regarding treatment, payment or health care operations. You have the right to receive this consent in writing, except where we have already made disclosures in reliance on your prior consent.

I release and agree to hold harmless the above named physician/healthcare provider, facility and its agents, representatives and employees from any and all liability associated with the release of confidential patient information in accord with this authorization. I certify that I understand the contents of this form.

---

Signature of Patient or Personal Representative

Date

---

Print Name of Patient or Personal Representative