

# UROLOGY SPECIALISTS OF NEVADA

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## AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION - A

### “RELEASE OF RECORDS AUTHORIZATION”

#### INFORMATION to Be Used or Disclosed

The information covered by this authorization includes:

*All medical records and billing information*

#### Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

*Urology Specialists of Nevada*

#### Persons to Whom Information May be Disclosed

Information described above may be disclosed to:

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Name of person/organization

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Name of person/organization

#### 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 Urology Specialists of Nevada. You should contact the Privacy Official 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