



Tiger Institute Health Alliance: Health Information Exchange Sensitive Information Authorization

A Health Information Exchange allows your health information to be shared among physicians, hospitals and other health care providers. University of Missouri Health Care participates in an electronic Health Information Exchange (HIE) provided through the Tiger Institute Health Alliance.

By signing this form, I voluntarily authorize and give my permission and allow disclosure of Sensitive Protected Health Information noted below into the Tiger Health Alliance Health Information Exchange:

- HIV/AIDS
- Sexually transmitted diseases
- Genetic Testing
- Psychotherapy notes
- Mental and behavioral health facility treatment records
- Drug or alcohol addiction treatment facility records
- Care or services you received as an emancipated minor under state law
- Any other protected categories of health information that the law requires your prior written consent for

Patient Name (First Middle Last):

Date of Birth (mm/dd/yyyy): ___/___/_____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Revocation of this Authorization: This authorization will remain in effect until it is REVOKED by me. I understand that I may revoke this authorization at any time and for any or no reason, but that my revocation **must be in writing and submitted in person or via mail to:**

**Health Information Services
University Hospital
One Hospital Drive DC 042.00
Columbia, Missouri 65212**

X _____
Signature of Patient or Patient's Legal Representative

Date Signed (mm/dd/yyyy)

X _____
Print Name of Legal Representative (if applicable)

(Relationship to patient)

For internal use only:
Date Received: