

# Consent to Share My Health Information

Created On: 08/10/2016

Consent Reference Number:

C2S-DEV.S4XXGX:&2.16.840.1.113883.3.704.100.200.1.1.3.1&ISO:1972570059:1871852400:VTT55I

Patient Name: **Sally Share**

Patient DOB: **01/01/1980**

## AUTHORIZATION TO DISCLOSE

### Authorizes:

Provider Name	NPI Number	Address	Phone
<b>GLADYS ACHALEKE</b>	<b>1871852400</b>	<b>11507 GLOXINIA CT, UPPER MARLBORO, MD 207749218</b>	<b>2404795848</b>

### To disclose to:

Provider Name	NPI Number	Address	Phone
<b>TENSAYE AYNALAM</b>	<b>1972570059</b>	<b>7600 CARROLL AVE, TAKOMA PARK, MD 20912</b>	<b>3018915070</b>

## HEALTH INFORMATION TO BE DISCLOSED

### To SHARE the following medical information:

#### Sensitivity Categories:

- Mental health information
- Sexuality and reproductive health information
- HIV/AIDS information
- Communicable disease information
- Addictions information
- Genetic disease information

### To SHARE for the following purpose(s):

- Research
- Healthcare Treatment

## CONSENT TERMS

I, Sally Share, understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR part 2, and cannot be disclosed without my written permission or as otherwise permitted by 42 CFR part 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically as follows:

**Effective Date: 08/10/2016**

**Expiration Date: 08/10/2017**

**Attested by: Sally Share**

**Email: sallysharemhmc@gmail.com**

**Attested on: 08/10/2016**