

**AUTHORIZATION FOR USE OR DISCLOSURE  
OF PROTECTED HEALTH INFORMATION**

**PART I: IDENTIFICATION OF INDIVIDUAL GRANTING AUTHORIZATION**

Name: \_\_\_\_\_

**PART II: IDENTIFICATION OF PERSON(S) OR CLASS(ES) OF PERSONS  
AUTHORIZED TO DISCLOSE OR RECEIVE DISCLOSURE OF PROTECTED  
HEALTH INFORMATION DESCRIBED IN PART III**

Authorized to Disclose Protected Health Information Described in Part III:

Saving Little Hearts, Inc.

Authorized to Receive Disclosure of the Protected Health Information Described in Part III:

Any person who is at any time listed in the Saving Little Hearts  
database under the Parent Matching Program.

Any person requesting information through the Saving Little  
Hearts Parent Matching Program, who has signed up under the  
Program.

**PART III: IDENTIFICATION OF PROTECTED HEALTH INFORMATION  
SUBJECT TO THIS AUTHORIZATION**

Any and all information regarding treatment received by the person described in Part I, for his/her congenital heart defect, and any and all other health information provided to Saving Little Hearts by the individual identified in Part I for the purpose of participation in the Parent Matching Program.

**PART IV: EXPIRATION OF AUTHORIZATION**

This Authorization is effective as of the date signed and expires at such time as the individual identified in Part I is no longer a participant in the Parent Matching Program.

**PART V: REVOCATION OF AUTHORIZATION AND SUBSEQUENT  
DISCLOSURE**

The individual identified in Part I may revoke this Authorization at any time in writing, provided that this Authorization may not be revoked to the extent to which it has been relied upon. Once

disclosure has been made, such information may be subject to re-disclosure without additional authorization and no longer subject to the privacy laws.

**PART VI: SIGNATURE**

\_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_