

HIPAA Personal Waiver of Authorization

I, K. Thomas Pickard (DOB October 8, 1963), agree that my protected health information may be re-used or disclosed to any other person or entity for any purpose for which the use or disclosure of protected health information would be prohibited by the Privacy Regulation (45 CFR 164.512).

Effective date: June 9, 2015

Digitally signed below by K. Thomas Pickard