



THE ONSITE FOUNDATION

**THE ONSITE FOUNDATION  
AUTHORIZATION FOR USE AND DISCLOSURE  
OF PROTECTED HEALTH INFORMATION**

I, \_\_\_\_\_, authorize The Onsite Foundation to use and disclose in any form or format, records and contact information that I may have disclosed in the course of applying for and/or participating in any workshop sponsored by The Onsite Foundation, as follows: to disclose to researchers who may use such information from me and others in aggregate form without disclosing my identity; disclose to employees, consultants and agents of The Onsite Foundation for the purpose of planning and conducting future workshops and other programs and activities; and to determine whether to contact me in the future about other Onsite Foundation programs and activities.

I understand that my records may be subject to redisclosure by The Onsite Foundation and unprotected by federal or state law; that this authorization remains effective until you actually receive a signed revocation or until the records retention period required under federal and Tennessee law has expired, whichever first occurs; that I have been given an opportunity to ask questions; that I may inspect a copy of my protected health information to be used or disclosed under this Authorization; that The Onsite Foundation has not conditioned provision of services to or treatment of me upon receipt of this signed Authorization; and that I may refuse to sign this Authorization. I understand that I may inspect a copy the information that is used or disclosed. I understand that I may revoke this Authorization at any time by notifying The Onsite Foundation in writing, except to the extent that action has been taken in reliance on this Authorization.