Associate Authorization for the Use and Disclosure of Information

This authorization must be written, dated and signed by the associate. File copy and facsimile transmission are considered equivalent to the original (unless applicable state law provides otherwise). If PetSmart seeks the authorization from an individual for use or disclosure of personal health information, PetSmart must provide the individual with a copy of the signed authorization.

I, _____, authorize my medical or health-care provider, and his/her affiliates, _____, [name of health-care provider] to communicate with PetSmart concerning my individual health information, including all medical records, results of physical examinations, medical history and/or lab tests. I understand that communication with my medical or health-care provider, or his/her affiliates, may involve the disclosure of personal health information concerning the reason(s) for my request for leave from work and/or my request for a job-related accommodation and that without this Authorization my medical or health care provider is otherwise required by law to protect my personal health information.

I understand that I may change my mind and revoke this authorization at any time by notifying PetSmart in writing at 19601 North 27th Avenue, Phoenix, Arizona 85027, Attn: Benefits Director HIPAA Privacy Officer, except to the extent that:

(a) PetSmart has taken action in reliance on this authorization; or
(b) The authorization was obtained as a condition for obtaining a job-related accommodation.

I also acknowledge receipt of PetSmart's Notice of Privacy Rights, attached hereto.
I understand that once personal health information about me has been obtained by PetSmart, the personal health information may no longer be protected by federal privacy laws. I also understand that I do not have to sign this Authorization and my failure to sign this Authorization cannot be a basis for denial of medical treatment or eligibility for benefits.

This Authorization shall expire one year from the date signed below.

_____ _____
Printed Name of Associate Date

_____
Signature of Associate