

## PATIENT AUTHORIZATION FOR RELEASE OF RECORDS

I, \_\_\_\_\_, hereby authorize Heart of Florida Ob/Gyn Associates to:  
\_\_\_\_ Release Copies \_\_\_\_ Obtain Copies \_\_\_\_ Allow Review \_\_\_\_ Speak to/with :

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

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Initial all that apply: \_\_\_\_ Progress/Office Notes \_\_\_\_ Lab/Pathology \_\_\_\_ HIV  
\_\_\_\_ Obstetrical Record (including labs & ultrasound) \_\_\_\_ Radiology \_\_\_\_ Other  
Please Specify \_\_\_\_\_

Dates of above notes/results: \_\_\_\_\_

Person or entity requesting the information and authorized to make the requested use or disclosure:  
\_\_\_\_ Self \_\_\_\_ Other \_\_\_\_\_

This information is being requested for the following purpose(s):  
\_\_\_\_ Continued Treatment \_\_\_\_ Personal Records \_\_\_\_ Other (please specify) \_\_\_\_\_

This authorization shall remain in effect from the date signed below until: \_\_\_\_\_  
Date / Death / Other

I understand that:

- \*I may inspect or copy the protected health information to be used or disclosed.
- \*I may revoke this authorization in writing by contact the office at the address below, Attention: Privacy Officer
- \*Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by HIPAA.
- \*I may refuse to sign this authorization and that you will not condition treatment or payment on me providing this authorization (except to the extent that the authorization is for research-related treatment, in which case you may refuse to provide that research-related treatment).

\_\_\_\_ If this blank is checked, I understand that Heart of Florida Ob/Gyn may receive compensation from a third party for the use or disclosure of my information.

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Relationship to Patient (if signed by personal representative of patient): \_\_\_\_\_

**Heart of Florida Ob/Gyn Associates, P.A.**  
**P.O. Box 667, Davenport, Florida 33837**  
**Phone: 863-421-7600 Fax: 863-421-7551**

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