

West Florida Cardiology Consultants
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RELEASE OF CONFIDENTIAL INFORMATION

I, _____ **SS#** _____
(Patient's Name)

Date of Birth _____ **Phone:** _____

Address: _____

Authorize _____
(Name of Who Is to Release Information)

To Release Information from my Medical Records requested medical information, including:

- Office Notes, Lab Work, Testing & X-rays** **Psychotherapy Notes/Drug and Alcohol**
 HIV Antibody Test results/AIDS records **Communicable Disease (Hepatitis, etc)**
 Other _____

To: _____ (Recipient of Record)

Phone: _____ **Fax:** _____

The Information Will Be Used for the Following Purpose:

Continued Medical Care _____ **Insurance** _____ **Legal Follow-Up** _____
Personal Information _____ **Disability** _____ **Other** _____

The information to be released also shall include:

I hereby authorize the use or disclosure of my individually identifiable health information as described above. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may not longer be protected by federal privacy regulations.

I understand that this consent shall be valid for a period of 1 year from the date of authorization and may be revoked at any time upon written notice, except to the extent that the information has already been released in reliance upon this authorization.

I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do it won't have any affect on any actions they took before they received the revocation.

I further understand that the confidentiality of this information may be protected by Federal Regulations (42CFR, Part II), prohibiting any further disclosure of this information without specific written authorization of the undersigned, or as otherwise regulated.

Patient's Signature

Patient Representative Signature

Date of Signature

Relationship to Patient

Witness

RELEASE OF CONFIDENTIAL INFORMATION VALID FOR 1 YEAR