RIVERSIDE FAMILY HEALTH

Caring For Your Whole Family

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AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

WE ARE UNABLE TO ACCEPT RECORDS IN CD FORMAT

Patient Name _____ Date of Birth _____

SS# _____ Cell Phone: _____ Other Phone: _____

I authorize Riverside Family Health, PL to ☐ **Obtain From** **-OR-** ☐ **Release To**

Provider/Facility Name: _____

Address, City, State, Zip: _____

Fax: _____ Phone: _____

Email: _____

☐ All healthcare information **-OR-**

☐ History and Physical ☐ Care Plan ☐ Immunizations ☐ Lab Reports ☐ Radiology Reports

☐ Pathology Reports ☐ Treatment Record ☐ Operative Reports ☐ Hospital Reports ☐ Medication Record

☐ Other (please specify)_____

_____ 1 Year _____ 2 Years _____ Entire Record

Purpose: _____
and to include any Federal and state protected information under Florida Statute 394.459 (9) Psychiatric information, Florida Statute 397.501, and 396.112 Drug and/or Alcohol Abuse Information, and Florida Statute 381.004 and FAC 10D-93.064 Human Immunodeficiency Virus test result (HIV testing, AIDS, and related conditions).

I understand and direct that this authorization remains in effect for a period of twelve (12) months or until I revoke it in writing.

My treatment, payment, enrollment or eligibility for benefits will not be affected if I do not sign this authorization. If the organization or person I have authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations. I hereby release the above named medical facility, practitioner, and its employees from any and all liability that may arise from the release of this information as I have directed.

Signature: _____

(Patient OR Parent/Guardian if Patient is a Minor)

Witness: _____ Today's Date: _____

Records will be provided to another health care provider at no cost. There is a copy fee for release of medical records for the patient's personal use. We will require prepayment of $1.00 per page for first 25 pages and $.25 for each additional page. Payment is required before records can be released.