

Patient Authorization for Release of Protected Health Information and Medical Records

Patient's Name _____
(Last, First, Middle/Maiden)

Patient's Address: _____ City _____ State _____ Zip _____

Date of Birth _____ Phone Numbers _____

I authorize my physician and/or administrative and clinical staff at Tallahassee Podiatry Associates or other healthcare provider as indicated below to release the medical information specified below to the following person or entity:

<u>Person or Entity to Receive Information:</u>	<u>Person or Entity to Disclose Information:</u>
Name/Organization: _____	Name/Organization: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

SPECIFIC INFORMATION TO BE DISCLOSED (check all that apply):

- Complete Medical Record
- Billing Records
- Office Notes
- X-rays (CD)
- Lab Reports
- Surgery Records
- Other (specify): _____

DATES OF SERVICE: _____

PURPOSE: Changing Physicians, Personal Copy to Patient, Attorney, Insurance, Workers' Comp.

Other _____

This authorization will expire on: _____ (If no date is specified, it will expire 60 days after date signed).



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I have read and understand the nature of this authorization and I have been provided a copy of TPA's Notice of Privacy Policy and the opportunity to review the same. I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the practice's Privacy Officer at Tallahassee Podiatry Associates, P.A., 1866 Buford Blvd, Tallahassee, Florida 32308, Attn: Administrator or email rgs@tlhpodiatry.com.

I understand that a revocation is not effective to the extent that my physician or Tallahassee Podiatry Associates has taken action in reliance upon this authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I also understand that such revocation does not affect TPA's right to use or disclose any information as otherwise provided for in the Notice of Privacy Policy. My physician will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure except (1) if my treatment is related to research, or (2) health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party. When my health information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule and/or other applicable federal and state laws. Releaser and its agents and employees are hereby authorized to obtain, inspect and reproduce such records and/or information and are hereby relieved of any responsibility of liability that may arise from the release or reproduction of such records and or information.

Signature of Patient or Patient's Representative

Witness

Relationship to Patient
(If applicable, attach document of guardianship or Power of Attorney)

Date

FEE FOR COPIES See Attached Instructional Page

INSTRUCTIONAL PAGE – FOR INTERNAL OFFICE USE

FEES FOR COPIES ARE BASED ON FLORIDA RULE AS FOLLOWS:

Department: [DEPARTMENT OF HEALTH](#)

Division: [Board of Medicine](#)

Chapter: [MEDICAL RECORDS RETENTION, DISPOSITION, REPRODUCTION](#)

RULE: [64B8-10.003](#) Costs of Reproducing Medical Records

RULE FILE DATE: 2/17/2009

RULE EFFECTIVE DATE: 3 /9/2009

[64B8-10.003](#) Costs of Reproducing Medical Records.

Recognizing that patient access to medical records is important and necessary to assure continuity of patient care, the Board of Medicine urges physicians to provide their patients a copy of their medical records, upon request, without cost, especially when the patient is economically disadvantaged. The Board, however, also recognizes that the



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cost of reproducing voluminous medical records may be financially burdensome to some practitioners. Therefore, the following rule sets forth the permitted costs for the reproduction of medical records.

- (1) Any person licensed pursuant to Chapter 458, F.S., required to release copies of patient medical records may condition such release upon payment by the requesting party of the reasonable costs of reproducing the records.
- (2) For patients and governmental entities, the reasonable costs of reproducing copies of written or typed documents or reports shall not be more than the following:
 - (a) For the first 25 pages, the cost shall be \$1.00 per page.
 - (b) For each page in excess of 25 pages, the cost shall be 25 cents.
- (3) For other entities, the reasonable costs of reproducing copies of written or typed documents or reports shall not be more than \$1.00 per page.
- (4) Reasonable costs of reproducing x-rays, and such other special kinds of records shall be the actual costs. The phrase "actual costs" means the cost of the material and supplies used to duplicate the record, as well as the labor costs and overhead costs associated with such duplication.

Specific Authority 456.057(18), 458.309 FS. Law Implemented 456.057(18) FS. History—New 11-17-87, Amended 5-12-88, Formerly 21M-26.003, 61F6-26.003, 59R-10.003, Amended 3-9-09.

Department: [DEPARTMENT OF HEALTH](#)
Division: [Board of Osteopathic Medicine](#)
Chapter: [MEDICAL RECORDS](#)

RULE: [64B15-15.003](#) Patient Records; Costs of Reproduction; Timely Release

RULE EFFECTIVE DATE: 4/30/2003

[64B15-15.003](#) Patient Records; Costs of Reproduction; Timely Release.

- (1) Any Osteopathic Physician who makes an examination of or administers treatment to any person shall upon request of such person or his/her legal representative release copies of all reports and patient medical records made of such examination or treatment, including x-rays and insurance information. The furnishing of such copies shall not be conditioned upon payment of an unpaid or disputed fee for services rendered, but may be conditioned upon payment by the requesting party of the reasonable costs of reproducing the records.
- (2) Reasonable costs of reproducing copies of written or typed documents or reports shall be as follows:
 - (a) For the first 25 pages, the cost shall be no more than \$1.00 per page.
 - (b) For each page in excess of 25 pages, the cost shall be no more than 25 cents.
- (3) Reasonable costs of reproducing x-rays, and such other special kinds of records shall be the actual costs. The phrase "actual costs" means the cost of the material and supplies used to duplicate the record, as well as the labor costs and overhead costs associated with such duplication.
- (4) An Osteopathic Physician shall comply with a patient's written request for copies of records and reports in a timely manner, with due regard for the patient's health needs. In the absence of circumstances beyond the control of the licensee, timely shall mean less than 30 days.

Specific Authority 456.057, 459.005 FS. Law Implemented 456.057 FS. History—New 10-28-91, Formerly 21R-15.003, 61F9-15.003, 59W-15.003, Amended 4-30-03.
