

# Florida Otolaryngology Group, P.A.

## AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

\_\_\_\_\_  
*Print Patient's Name*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*SSN*

NOTE TO RECEIVING PARTY: This information is disclosed to you from records whose confidentiality is protected by law. Any re-disclosure is strictly prohibited without the written permission of the patient/legal representative identified below.

I authorize:

\_\_\_\_\_  
*Name of the Facility/Person Holding the Information*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, and Zip Code*

To release from my medical records the following: **(please initial next to the applicable area)**

\_\_\_\_\_ General medical information. (Florida statute 395.97)

\_\_\_\_\_ Psychiatric/psychological information, alcohol and/or drug abuse information. (Florida statute 394.459 and Federal Regulation 42CFA, Part II)

\_\_\_\_\_ HIV test and information pertaining to these tests or treatment in connection with these test results.

To:

\_\_\_\_\_  
*Name of the Facility/Person to Receive the Information*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, and Zip Code*

\_\_\_\_\_  
*Fax*

\_\_\_\_\_  
*Phone*

For the purpose of: \_\_\_\_\_

Please allow 48-72 hours to complete your request. Patient charts older than 3 years (patient has not been seen for 3 years) may take additional processing time.

- I will pick up my records.
- Mail the records to the address listed above.
- Fax the records to the fax number listed above.

I understand that I have the right to refuse or to withdraw this authorization (withdrawal must be in writing). This authorization will remain in effect for ninety (90) days unless I specify an earlier expiration date.

\_\_\_\_\_  
*Patient/Legal Representative's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Legal Representative's Relationship to the Patient*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Print Name of Person Requesting Records*

\_\_\_\_\_  
*Phone Number of Person Requesting Records*