

Coastal Integrative Medicine

900 SE Ocean Blvd Suite E246 Stuart, Florida 34994

Office: 772-344-1409 Fax: 772-344-1409 www.coastalintegrativemedicine.com

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

(Please print clearly)

Patient Name: _____ Female Male
Social Security Number: _____ Date of Birth: _____

STATEMENT:

I request my medical information to be released to Coastal Integrative Medicine, in compliance with new HIPPA guidelines. I understand that this information will not be released to any additional party without proper authorization or the properly signed court order of an appropriate judge. This authorization is valid for one transfer of information only from the noted offices as signed on the date below, and as such will expire in 30 days of the signature. This information will be used for continuity of care.

As I am currently appointing Coastal Integrative Medicine as my primary care provider, I hereby authorize any specialist that is listed BELOW to continue correspondence with Coastal Integrative Medicine in order to continue the continuity of care. I understand that this will increase the continuity of my care, keeping all of m Health Care Providers informed of my personal protected health information. I also understand that I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization.

PHYSICIANS (please give names of any physicians you have seen in the last 5 years):

Name: _____ Specialty _____ Approx. Dates _____ Phone# _____ Fax# _____

INCLUDE:

- All health maintenance, physical examination, and progress notes.
- All laboratory tests (including HIV/AIDS Tests, laboratory reports, and notes)
- All radiology reports
- All pathology reports
- All immunization records
- All special procedures reports
- Other specific information: _____

FOR PURPOSES OF:

- New primary care physician Continuity of care with primary care physician up north
- Continuity of care with specialist Other _____

6458-10.003 Costs of Reproducing Medical Records.

(1) Any person licensed pursuant to Chapter 458, Florida Statutes, Required to release copies of patients medical records may condition such release 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 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 \$0.25

(c) 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 458.309 FS Law Implemented 458.061, 458.058, 458.331 (1) FS History- 11-17-87, Amended 5-12-88, Form 21-M-26.003, 1F6-26.003, 59R-10.0003

Date

Signature

Witness Signature