AUTHORIZATION FOR RELEASE OF INFORMATION
Emerald Coast Infectious Diseases Medical Group, P.A.
Drs. Patrick J. Anastasio, D.O., Hemant R. Kade, M.D., & Michael V. Tablang, M.D.
Phone: 850.862.3979 ~ Fax: 850.862.0605

Patient Name: _____ **Date of Birth**_____

Address:_____

City/State/Zip:_____ **Telephone**_____

I authorize the release of medical information as indicated below:

FROM:
Name:_____
Phone: _____
Fax: _____

TO:
Name:_____
Phone: _____
Fax: _____

☐ I would like to pick up my records ☐ I would like to records mailed to: _____

What to Release: Please choose the records you would like released:
☐ Outpatient notes ☐ Laboratory report ☐ X-Ray report(s)
☐ X-ray Film(s) ☐ Pathology Report(s) ☐ Immunization record
☐ Other Specify_____ ☐ All medical records

NOTE: I further authorize the release of information pertaining to:
The diagnosis or treatment of AIDS, including results of HIV tests ☐ Yes ☐ No/NA
The diagnosis or treatment of drug and/or alcohol abuse ☐ Yes ☐ No/NA
The treatment and/or consultation for mental health or psychiatric disorders ☐ Yes ☐ No/NA

Purpose of the release: Please indicate the reason for this release
☐ For another doctor ☐ To obtain disability ☐ Worker's Compensation
☐ Follow-up related to an injury ☐ Personal use ☐ Other _____

Expiration date: This authorization will remain in effect unless otherwise indicated below:
☐ Please change the expiration date to last for _____days.

I understand this Authorization can be revoked at any time according the Emerald Coast Infectious Diseases Medical Group, P.A. privacy practices. This request must be made in writing and sent to the same place as the original request. Attach a copy of this release if possible. Treatment, payment, enrollment in any health plan is not conditioned on signing this authorization.

I understand this office has a policy for copies of medical records. Rule 64B8-10.003, Florida Administrative Code permits physician's to charge the requesting party for furnishing copies of medical records. **The law states $1 per page for the first 25 pages of written material, 25 cents for each additional page,** and the actual cost of reproducing non written records, such as x-rays. **The physician has 30 days to furnish the copies upon signing the *Release of Medical Records*.** However, if the records are those for a worker's compensation case, a physician may only charge up to 50 cents per page for the records or the direct cost for x-rays, microfilm, or other non-paper records. Rule 38F-7.601, Florida Administrative code. Once these records are released, the information is not protected by Emerald Coast Infectious Diseases Medical Group, P.A. and may potentially be re-disclosed by the party who received these records. Emerald Coast Infectious Diseases Medical Group, P.A., its employees and officers, and attending physicians are released for legal responsibility or liability for release of the above information to the extent indicated and authorized.

I have read and understand this information. I have received a copy of this form and I am the patient or am authorized to act on behalf of the patient to sign this document verifying authorization for the use or disclosure of the protected health information under the above stated terms.

_____ _____
Signature of the patient/legal representative (relationship) Date

_____ _____
Signature of witness/employee Date

Form 10ARI