

If this Form authorizes the use and/or disclosure of psychotherapy notes, it may not be used to authorize the use and/or disclosure of any other protected health information.

I AM THE PATIENT AND I UNDERSTAND AND AGREE TO THE PROVISIONS OF THIS FORM/AUTHORIZATION.

I UNDERSTAND AND AGREE TO THE PROVISIONS OF THIS FORM ON BEHALF OF THE INDIVIDUAL INDICATED BELOW TO BE THE PATIENT. I HAVE SIGNED MY NAME INDIVIDUALLY AND IN MY CAPACITY AS THE LEGAL REPRESENTATIVE OF THE PATIENT AND I HAVE ATTACHED A COPY OF THE COURT ORDER DESIGNATING ME AS THE GUARDIAN OF THE PATIENT, OR DOCUMENTATION DESIGNATING ME AS THE LEGAL REPRESENTATIVE FOR THE PATIENT.

Printed Name of Patient

Patient's Signature

Printed Name of Legal Representative

Legal Representative's Signature

Printed Name of Witness

Witness' Signature

Date & Time

Release of Information Contact Information

**Florida Hospital Health Information Management
Release of Information
151 S Wymore Rd, Suite 7000
Altamonte Springs, FL 32714
Phone: 407-772-8900 Fax: 407-682-1579
(FOR OFFICIAL USE ONLY)**

Request for Access has been: Granted Partially Denied Denied

Medical Records released/accessed:

Date of Release/Access By

Copy of this form provided to patient

Forwarded to Financial Services for release of Billing Records:

Date of Forward By

PLEASE SUBMIT A COPY TO THE INDIVIDUAL, WHEN ACCESS TO PROTECTED HEALTH INFORMATION IS PARTIALLY OR COMPLETELY DENIED.

If request has been partially or completely denied, the reason for denial is:

- PHI is not part of the designated record set
- Federal law forbids making the PHI in question available to you for inspection (i.e.; CLIA or Privacy Act of 1974)
- PHI is psychotherapy notes
- PHI has been compiled for legal proceeding
- PHI was obtained under promise of confidentiality and access would be reasonably likely to reveal source of PHI
- PHI is temporarily unavailable because you have agreed to denial of access in connection with your agreement to participate in a research study
- Licensed health care professional determined access to PHI is reasonably likely to physically/emotionally harm you or others
- Licensed health care professional determined PHI identifies a third person who is reasonably likely to be physically, emotionally, or psychologically harmed if access to PHI is granted
- Licensed health care professional determined providing your personal representative access to PHI is reasonably likely to harm you
- We are acting under the direction of a correctional institution and allowing the inmate (you) to obtain a copy of PHI would jeopardize the health, safety, security, custody or rehabilitation of you or another person at the correctional institution
- PHI is not maintained at our health care facility
 - We do not know who maintains the PHI you requested
 - We reasonably believe the PHI you requested is maintained by (Contact Information): _____

If access is denied, and patient requests review of denial; contact the Release of Information office above

You do have a right to complain to the Office of Civil Rights. The following is the contact information:

Office for Civil Rights * US Department of Health & Human Services
61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30323 Phone #: (404) 562-7886; (404) 331-2867 (TDD) Fax #: (404) 562-7881