File # _____

Seminole Heights Chiropractic & Wellness
REVITALIZING HEALTH. ENHANCING WELLNESS.

Clinic: 813-944-9933 | **215 E. Sligh Ave Tampa, FL 33604**
Fax: 888-975-8721 | Email: info@seminoleheightschiropractic.com

HIPAA Compliant Authorization for Release of Patient Information
Pursuant to 45 CFR 164.508

Section I – Patient Information
Name: _____
Relationship to patient: _____
Street address: _____
City, State & Zip Code: _____
Telephone: _____
Email address: _____

Section II: Authorization for Release of Patient Information: I, or my authorized representative, hereby authorize _____ (name of entity holding the requested records) and their respective employees, agents and subcontractors to disclose my Personal Health Information (PHI) and Insurance Record to: **SEMINOLE HEIGHTS CHIROPRACTIC & WELLNESS – 215 E. SLIGH AVE, TAMPA, FL 33604 – CLINIC: 813-944-9933 / FAX: 888-975-8721**

Section III – Specific Information to be Released:
☐ Please release my Medical Record from (insert date) _____ to (insert date) _____.
☐ Please release my entire Medical Record, including patient histories, office notes (excluding psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records sent to Freedom Health by health care providers.
☐ Other: (please explain) _____
_____

Reason for release of information:
☐ At the request of the individual

☐ Include: (Indicate by Initialing)
_____ Alcohol/Drug Treatment
_____ MENTAL Health Information
_____ HIV-Related Information

☐ Other: _____

Section IV: I understand that Section 460.413 (1) (m), Florida Statutes, and Board of Chiropractic Medicine Rule 64B2-17.006 require chiropractic physicians to retain records and x-rays for at least four years. Therefore, a chiropractic physician receiving a request for a patient's x-ray within that four-year period must retain the x-ray and provide a copy of it in lieu of the original x-ray. I, further, understand that Section 456.057 (18), Florida Section 457.057 (16), Florida Statutes, authorizes a health care practitioner or patient records owner furnishing copies of reports or records or making the reports or records available for digital scanning pursuant to this section to charge no more than the actual cost of copying, including reasonable staff time, or the amount specified in administrative rule by the appropriate board, or the department when there is no board. The Board of Chiropractic Medicine Rule 64B-17.0055, Florida Administrative Code, authorizes chiropractic physicians to charge patients $1.00 per page for the first 25 pages, and 25 cents for each page in excess of 25 pages. The Board of Chiropractic Medicine Rule defines the reasonable costs of reproducing x-rays, and such other special kinds of records as 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. The Board of Chiropractic Medicine Rule 64B-17.0055, Florida Administrative Code, authorizes chiropractic physicians to charge people who are not patients authorized to seek copies of my patient records $1.00 per page. I understand that the HIPAA regulations authorize the practice to charge the cost of labor and hardware onto which the records are electronically copied unless the Board of Chiropractic Medicine sets lower costs. I understand that there is no cost for transmitting the electronic records by email.

This authorization will be in effect for one year from the date signed, unless you indicate a shorter period below:
Date or event on which this authorization will expire: _____.
If an authorized representative is making this request, please provide your information below and attach certifying documentation of your status as the authorized representative, such as a Power of Attorney or Guardianship papers.

AUTHORIZED REPRESENTATIVE
By signing this form, I am confirming that it accurately reflects my wishes. In addition, I have kept a copy of this form for my records.

_____ _____
Signature of Member or Authorized Representative Date

Prepared by Paul Watson Lambert, General Counsel, Florida Chiropractic Association