



Behavioral Collaborative Care Solutions

9010 SW 137th Avenue Miami, FL 33186

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HIPAA Privacy Medical Records Release Authorization Form

Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

Patient Name: _____ DOB: _____

I authorize **BEHAVIORAL COLLABORATIVE CARE SOLUTIONS** to use and disclose the protected health information described below to **Request my records from a third-party** **Release my records**

Name: _____

Address: _____

Phone # _____ Fax # _____

I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

This authorization shall be in force and effect until _____, at which time this authorization expires.

- I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.
- I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.
- I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

_____ (Pt. initials) I **UNDERSTAND THAT THIS REQUEST MAY TAKE UP TO 30 DAYS AS PER FLORIDA LAW**

Patient Name

Signature of Patient or Personal Representative

Patient DOB or Social Security

Printed Name of Patient or Personal Representative

Date

Description of personal Representative's Authority

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