

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name:	Patie	Patient Address: Patient Telephone:		
Date of Birth: Social Security #:	 Patie			
I authorize Goodless specific health a				
(Please Select ONE option):				
Goodless Dermatology is	authorized to send	my records to:		
Goodless Dermatology is	authorized to obtai	n my records from:		
Name of Physician, Facility, Pat	ient or Authorized	Representative		
Complete Street Address	City	State	Zip Code	
Telephone Number	Fax Number			
If we are requesting this Authorization			or to allow another health	
 We cannot condition our provision You may inspect a copy of the properties You may refuse to sign this Author We must provide you with a copy 	otected health information prization; and	on to be used or disclos		

You have the right to revoke this Authorization at any time, provided that you do so in writing and except to the

Unless revoked earlier or otherwise indicated, this Authorization will expire 180 days from the date of signing or

extent that we have already used or disclosed the information in reliance on this Authorization.

shall remain in effect for the period reasonably needed to complete the request.

410 Celebration Place Suite 301 Celebration, FL 34747 tel 407.566.1616

fax 407.566.1617



Information to be Released:	Complete Medical Records Initial Evaluation Follow-up Notes Medications / Allergies	—— Biopsy Reports —— Lab Reports —— Surgical Reports —— Other:
Purpose of Disclosure:	Continued Medical Care	Personal Use
I understand that my record may contain	ermatology to release or obtain copies of my information about alcohol and/or drug treatr I do herein expressly and voluntarily consen or need as indicated above.	ment, mental health or psychiatric
	may utilize a medical record correspondenc W 7 TO 10 BUSINESS DAYS FOR RECORD	-
	horization. I also understand that the inform sclosure by the recipient and no longer be p	•
Signature of Patient/Legal Representative	Relationship to Patient	 Date

64B8-10.003 Costs of Reproducing Medical Records:

- 1. Any person licensed pursuant to Chapter 458, F.S., required to release copies of patient 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 25 cents
- 3. 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 cost and overhead costs associated with such duplication.

<u>Specific Authority 456.057(18), 458.309 FS. Law Implemented 456.057(18) FS. History–New 11-17-87, Amended 5-12-88, Formerly 21M-26.003, 61F6-26.003, 59R-10.003, Amended 3-9-09.</u>

410 Celebration Place Suite 301 Celebration, FL 34747 tel 407.566.1616 fax 407.566.1617

GoodlessDermatology.com