

Elizabeth A. Triana, M.D.

3155 Harbor Blvd, Suite 100
Port Charlotte, FL 33952

Family Practice

(941)625-1990
Fax (941)625-1991

As required by the Accountability Act of 1996 (HIPPA), this practice may not use or disclose your individually identifiable health information without your authorization except as provided in our Notice of Privacy Practices. Your completion of this form means that you are giving permission for the uses and disclosure described below. Please review and complete the sections detailing the information to be released and the purposes for the disclosure.

I hereby authorize this medical practice, _____
(name of practice/doctor)

to release health information of _____
(print patient name)

Date of Birth: _____ Soc. Sec. #: _____

Other names, maiden name: _____

Information to Release: Consult from date of service _____

OR ___ Entire Medical Record ___ Lab Reports ___ Mammogram
___ X-Ray Report of _____
___ Other _____

Reason for Release: _____

Send Medical Records to:

Name: _____

Address: _____

_____ Phone: _____

Restrictions: I understand that the recipient of this form may not use or disclose this information except the expressed purposes identified above, unless another authorization is obtained from me or unless such use of disclosure is specifically required or permitted by law.

I understand that the information in my health record may include information relating to sexually transmitted disease, required immunodeficiency syndrome (AIDS), or humane immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

Exclusions: (please initial) Drug/Alcohol ____, Mental Health/Psychiatric ____, HIV/AIDS ____, Sexually Transmitted Disease ____, Other ____, description of other _____

This Authorization is effective this date: _____ **through** _____

Signature: _____ **Print Name:** _____

I am ___ Patient ___ Guardian ___ Conservator ___ Patient's Representative **Date:** _____

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Medical Records Copying Charges

Note that under the Health Insurance Portability and Accountability Act (HIPPA) a covered entity can charge cost-based fees for providing the medical records to patients.

Rule 64B8-10.003, Florida Administrative Code

As of 01/01/2014, there will be a fee for releasing medical records, upon request.

Per the Florida Administrative Code, the following fees will apply:

- No more than \$1.00 per page for the first 25 pages
- \$.25 for each additional page

Payment is required prior to releasing medical records. The patient is required to pick the records up in person upon payment. This includes requesting records for your own personal records and/or records requested for transferring care to other providers.

Please note that upon requesting records for transferring care, records will not be faxed to the new provider. Patients must pick up the records in person. Records will also not be mailed.

Dr. Elizabeth A. Triana M.D.

Patient Name: _____

Patient Signature: _____