



AUTHORIZATION FOR THE USE AND DISCLOSURE OF HEALTH INFORMATION

Patient's Full Legal Name: _____

Date of Birth: _____ Telephone: _____

I hereby authorize **COASTAL ORTHOPEDICS & PAIN MANAGEMENT** to use or disclose my health information, as described below, **send to:** _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

I authorize **COASTAL ORTHOPEDICS & PAIN MANAGEMENT** to obtain my health information, as described below, **from:** _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

The purpose of the requested use or disclosure is:

At the request of the individual

The information to be used or disclosed includes the following specified information:

Medical Records during approximate time period from _____ to _____

(including information related to my identity, diagnosis, prognosis and/or treatment, which may include substance abuse, mental health, and/or other sensitive information.)

Diagnostic Images (Provided on CD only)

The authorization will expire upon the occurrence of the following event or condition: _____. If no event or condition is listed, it will expire in **60 days**. I understand that I have the right to revoke this Authorization at any time. I understand that the revocation will not apply to information that already has been released in response to or in reliance upon this Authorization. I understand that I need not sign this Authorization in order to ensure health care treatment, payment, enrollment in my health plan, or eligibility for benefits.

Signature of Patient/Authorized Representative (include relationship or nature of authority)

Date

64B8-10.003 Costs of Reproducing Medical Records

(1) Any person licensed pursuant to Chapter 458, Florida Statutes, 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 costs associated with such duplication.

Specific Authority 458.309 FS. Law Implemented 456.061, 456.058, 458.331(1) FS. History—New 11-17-87, Amended 5-12-88, Formerly 21M-26.003, 61F6-26.003, 59R-10.003.

PLEASE ALLOW 5 TO 7 BUSINESS DAYS FOR YOUR REQUEST TO BE COMPLETED.

Coastal Orthopedics' Medical Records:

6015 Pointe West Blvd, Bradenton, FL 34209

Phone: 941-792-1404 Ext 3400

Fax: 941-792-3474

Email: medicalrecords@coastalorthopedics.com