BAPTIST HEALTH SOUTH FLORIDA AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

| 1. I hereby authorize the use and/o | r disclosure of the below nam | ed individual's he | ealth information a | s described | below: | | |
|---|--|--|---|--|---|--|--|
| Patient Name: | | | | | | | |
| Address: | | | City | /: | | _State: | Zip: |
| 2. The health information describe | ed below may be used by or | disclosed to the | following (Select | t Self or Na | me of Person/Orga | inization): | |
| □ SELF: | | | □ Name of person/organization: | | | | |
| Format Requested: ☐ Paper ☐ E-mail ☐ USB ☐ CD ☐ Other: | | | Format Requested: ☐ Paper ☐ E-mail ☐ USB ☐ CD ☐ Other: | | | | |
| Delivery Method: ☐ Mail ☐ Fax ☐ E-mail ☐ Pick-Up | | | Delivery Method | : 🗆 Mail | ☐ Fax ☐ E-mail | ☐ Pick | :-Up |
| Email Address: | | | Email Address: | | | | |
| Delivery Address: | | | Delivery Address: | | | | |
| Phone: Fax (if faxing): | | | Phone: Fax (if faxing): | | | | |
| I hereby authorize the following indiv ☐ Baptist ☐ Bethesda East | <u>Hospitals:</u> □ Fishermen's | □A | of health information mbulatory Surgery (aptist Health Medic | Othe Center | r Facilities/Locations ☐ Miami | <u>:</u> Cancer Inst | titute Vascular Institute |
| □ Bethesda West □ Boca Raton Regional □ Doctors □ Doral | ☐ Mariners ☐ South Miami ☐ West Kendall ☐ Other | Spr Bro □ D | ecialty wardMonroeMiam iagnostic Center ynn Cancer Institute | i-DadePalm | □ Baptist Beach □ Urgent | Sleep Cen Express Ca | iters |
| 3. Approximate date(s) of treatme Check the health information you Include Admission/History & Physical Discharge Summary Emergency Record Consultations | are authorizing to be used/disc e All Sections Below | losed: | ☐ Medication L ☐ Physician Or ☐ Progress Not ☐ Other: | ders tes | ecords Radiology Image Pathology Slides Cath Lab Cine/C | ; | iil <i>or</i> □ CD |
| Initial here for HIV tests and | | | | | | | |
| Initial here for records relating | g to our Addiction Treatment ar y other health information. A se | | | | | ed to autho | rize |
| This request is being made for 5. Revocation Authorization Promust send a written request to 1 understand that the revocation Florida has already acting in reclaim under my policy. Authorization will expire one you Note: If you are requesting a resent to the party identified. I understand that this authorization the recipient and may no longup prohibited from re-disclosing softherwise permitted by such lateratment, payment, enrollment. | rocess. I understand that I have Baptist Health South Floor will not apply to information eliance on this authorization ear from the date on which is elease of records please ensured to the protected by federal probbstance abuse and HIV/Alaws. I understand that I may not or eligibility for benefits. | ave the right to rida Privacy Of on that has alread, and to my insut was signed unique that any expend that once the rivacy laws; how DS information of refuse to sign the | revoke this autho fice, Privacy@B dy been released rance company we ess another date piration date or even the alth informatic ever, under feder without specific w | rization at a aptisthealt I, to future rithen the law or event is yent allows and described all and state ritten conse | h.net. eleases to the external provides my insurprovides my insurprovides my insurprovides my insurprovides electric description is disclosed laws respectively, ent of the person to | ent that Ba rer with the our record ed, it may I the recipi whom it p | aptist Health South e right to contest a ds to be prepared and be re-disclosed by ient may be pertains, or as |
| 8Signature of Patient*/Personal | | | lation to Patient | | Date |) | Time |
| *The above individual is unable to | consent because (check o | ne): Minor | ☐ Incompetent | ☐ Other (€ | explain): | | |
| You are entitled to a copy of this | authorization after you sign i | t. and for more i | nformation, pleas | e visit bapt | isthealth.net/med | licalrecor | ds |
| (For internal Use Only) If not pr | | | | | • | • | |
| Date Received: | Date Processed: | Comm | ents: | | | | |
| Account # | MR #· | Proc | essed by <i>(print em</i> | nlovee nami | e/denartment): | | |



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