



HIPAA PRIVACY 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)**

1. AUTHORIZATION

_____ I authorize **All Care Medical Consultants, PA** to use and disclose the protected health information described below to

(Individual seeking the information)

_____ I **do not** authorize **All Care Medical Consultants, PA** to use and disclose my protected health information to anyone other than a medical provider, insurance company or health care professional, for the purpose of continuing care.

2. EXTENT OF AUTHORIZATION

_____ 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).

_____ I authorize the release of only specific information (please specify): _____

3. 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.
4. This authorization shall be in force and in effect until I give **written** permission, at which time this authorization expires.
5. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.
6. I understand that if the organization authorized to receive the information is not a health plan or healthcare provider; the released information may no longer be protected by Federal privacy regulations.

_____ I request a copy of All Care Medical Consultants, PA, HIPAA Health Information Notice

Signature of patient or personal representative

Date

www.allcare4u.com

1745 S Highland Avenue
Clearwater, FL 33756
Ph (727) 587-0377
Fax (727) 587-0527

1115 Florida Avenue
Palm Harbor, FL 34683
Ph (727) 259-2300
Fax (727) 259-2305

8900 Park Boulevard North
Seminole, FL 33777
Ph (727) 545-4545
Fax (727) 548-1360