

FLORIDA SPINE CARE
FLORIDASPINECAREJAX.COM

Authorization for release of Patient Health Information to / from FSC

All fields must be filled in completely for request to be processed

I _____ authorize _____ to release copies of my P.H.I. to the following:
PATIENT NAME PERSON/INSTITUTION

Person/Institution: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Purpose or need for information: _____

Patient Full Name: _____ Date of Birth: _____

Complete address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Specify records or dates to be released: _____

***If FSC is releasing your records this may incur a charge. The following fees are due in advance, if such payment is deemed necessary:

Payment Required: Yes or No No. of Pages: _____ Total Amt Due: _____

According in Florida Statue 395.3025 Rule 64B8-10.003

- 1.00 per page for the first 25 pages of written material and .25 for each additional page thereafter.

I also understand that this Authorization is subject to revocation/withdrawl by me at any time in writing to the medical record contact person at this facility to the extent that action has already been taken to release this information. This Authorization shall remain valid unless revoked, but will expire in 90 days after signing. I have a right to inspect a copy of the health information to be release and if I do not sign this Authorization, the institution named above will not release my health information, except in instances defined in the Joint Notice of Privacy Practices.

SIGNATURE OF PATIENT

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

IF NOT PATIENT, PLEASE SPECIFY YOUR RELATIONSHIP TO PATIENT

All requested documentation is to be sent to or received from our main location at:

**Florida Spine Care
Bao T. Pham, DO
John M. Flinchbaugh, DO
6816 Southpoint Parkway, Suite 302 Jacksonville, FL 32216
phone 904.527.3135 fax 904.683.4293**

Any patient over the age of 18 must sign their own release unless proof of Power of Attorney or Legal Guardianship is provided.

Please note: Medical records include only services provided by FLORIDA SPINE CARE.