Arsenault DERMATOLOGY

Skin Care For Your Family

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Patient Address: _____

Date of Birth: _____ _____

Social Security #: _____ Patient Telephone: _____

I authorize Arsenault Dermatology to obtain/release a copy of the specific health and medical information described below:

(Please Select ONE option):

☐ Arsenault Dermatology is authorized to send my records to:

☐ Arsenault Dermatology is authorized to obtain my records from:

Name of Physician, Facility, Patient or Authorized Representative

Complete Street Address **City** **State** **Zip Code**

Telephone Number **Fax Number**

If we are requesting this Authorization from you for our own use and disclosure or to allow another health care provider or health plan to disclose information to us:

1. We cannot condition our provision of services or treatment to you on the receipt of this signed Authorization;
2. You may inspect a copy of the protected health information to be used or disclosed;
3. You may refuse to sign this Authorization; and
4. We must provide you with a copy of this signed Authorization.

You have the right to revoke this Authorization at any time, provided that you do so in writing and except to the extent that we have already used or disclosed the information in reliance on this Authorization.
Unless revoked earlier or otherwise indicated, this Authorization will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

MAIN OFFICE
8926 77th Terrace East
Suite 101
Lakewood Ranch, FL 34202
tel 941.907.0222
fax 941.907.0493

OFFICES IN
BRADENTON
LAKEWOOD RANCH
SARASOTA

ArsenaultDermatology.com

Arsenault DERMATOLOGY

Skin Care For Your Family

Information to be Released:

_____ Complete Medical Records
_____ Initial Evaluation
_____ Follow-up Notes
_____ Medications / Allergies
_____ Biopsy Reports
_____ Lab Reports
_____ Surgical Reports
_____ Other:

Purpose of Disclosure:

_____ Continued Medical Care
_____ Personal Use

By signing below I authorize Arsenault Dermatology to release or obtain copies of my medical records. I understand that my record may contain information about alcohol and/or drug treatment, mental health or psychiatric treatment, and/or HIV/AIDS information. I do herein expressly and voluntarily consent to the disclosure of my health information, as specified, for the purpose or need as indicated above.

I understand that Arsenault Dermatology may utilize a medical record correspondence service and there may be a fee assessed for this service. PLEASE ALLOW 7 TO 10 BUSINESS DAYS FOR RECORDS TO BE COPIED.

I have reviewed and I understand this Authorization. I also understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer be protected under Federal law.

Signature of Patient/Legal Representative _____ Relationship to Patient _____ Date _____

64B8-10.003 Costs of Reproducing Medical Records:

1. Any person licensed pursuant to Chapter 458, F.S., 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 cost and overhead costs associated with such duplication.

Specific Authority 456.057(18), 458.309 FS. Law Implemented 456.057(18) FS. History–New 11-17-87, Amended 5-12-88, Formerly 21M-26.003, 61F6-26.003, 59R-10.003, Amended 3-9-09.

MAIN OFFICE
8926 77th Terrace East
Suite 101
Lakewood Ranch, FL 34202
tel 941.907.0222
fax 941.907.0493

OFFICES IN
BRADENTON
LAKEWOOD RANCH
SARASOTA

ArsenaultDermatology.com