

Records Request Form

I authorize the use / disclosure of health information about me as described below.

Patient Name _____ DOB _____

A. Person /Organization authorized to provide information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

B. Person /Organization authorized to receive information:

ARC-Arthritis & Rheumatology Clinic
6735 Conroy Windermere Rd STE 320
Orlando Fl 32835
P- 407-313-0044 F- 407-313-0810

C. Information to be Disclosed:

_____ **Radiology Reports**

_____ **Medical OV Notes**

_____ **Laboratory Results**

_____ **Other Reports**

D. Description on how the information will be used for:

Continued Medical Treatment

1. I understand that this authorization will expire on _____
2. I understand that I may revoke this authorization (except to the extent that action was already taken in reliance on this signed authorization) at any time by notifying the person or organization mentioned in section A in writing.
3. I understand that I can refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment, payment or my eligibility for benefits if applicable.
4. I may inspect or copy any information used or disclosed under this agreement.
5. I understand if the person or organization that receives the information is not a health care provider or plan covered by federal privacy regulations, the information described above may be re disclosed and would no longer be protected by these regulations.

X _____
Patient's signature or Patient's Representative

_____ **Date**

X _____
Printed name of Patient's Representative

_____ **Relationship to patient**

You have the right to know specifically what information you are authorizing to release (eg "results of a lab test done on 1-4-03 or if entire medical record is included. "all information").

You have the right to know the name or identification of person or organization authorized to release the information (eg :The name of your health care provider)

You have the right to know who is going to use it and what it is going to be used for.

You have the right to alter this request. We have preprinted options for your convenience. You may alter these items if needed.

You have the right to receive a copy of this form.