

# Authorization To Disclose Protected Health Information

**PLEASE PRINT**

<b>RELEASE INFORMATION FROM</b> <input type="checkbox"/> Mayo Clinic (MCJ) <input type="checkbox"/> Other (Specify Facility / Address) <input type="checkbox"/> Pharmacy  <hr/> <hr/> <hr/>	<b>DISCLOSE INFORMATION TO</b> <input type="checkbox"/> Mayo Clinic (MCJ) Health Information Management Services <input type="checkbox"/> Other (Specify Facility / Address)  <hr/> <hr/> <hr/>
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**PURPOSE OF DISCLOSURE**

Continued Care (abstract\* will be provided, unless otherwise specified)

Personal - **I understand that** I may be charged for copies of this information in accordance with Florida Law.

Other \_\_\_\_\_

**INFORMATION TO BE DISCLOSED** (Specify service dates \_\_\_\_\_)

HOSPITAL Abstract (includes, as applicable, Discharge Summary, Discharge Medication List, History & Physical, Operative/Procedure Report(s), ED Report(s), Consultation Report(s), and test result(s))

CLINIC Abstract (includes, as applicable, most recent Return Visit, History & Physical, Consultation Report(s), Summary Lists, and test result(s))

Other \_\_\_\_\_

**IDENTIFYING INFORMATION AT THE TIME OF SERVICE**

Patient's Full Name	Patient's Social Security Number/Medical Record Number
Address	Patient's Date of Birth
City/State/Zip	Patient's Phone Number

**I understand that** disclosure of the information in this medical record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information relating to behavioral or mental health services or treatment, treatment for substance abuse, or genetic test results.

**I understand that** this authorization will expire in one year from the date signed below unless otherwise specified \_\_\_\_\_ .

**I understand that** once the information is disclosed, the information is subject to redisclosure and may no longer be protected by the federal privacy regulations. This form may be revoked at any time providing the information has not already been disclosed. I may revoke this authorization by notifying, in writing, the Health Information Management Supervisor, 4500 San Pablo Road, Campus Support Center, Jacksonville, FL 32224.

**I understand that** Mayo will not condition treatment, payment, enrollment or eligibility for benefits on my signing this authorization.

**I understand the** matters discussed on this form. I release the provider, its employees, officers and directors, medical staff members, and business associates from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein.

**X** \_\_\_\_\_ **Signature of Patient or Patient's Representative\***                      \_\_\_\_\_ **Relationship (if not patient)**                      \_\_\_\_\_ **Date**

\*If a personal representative of the patient signs the authorization, please indicate his or her authority to act.

<b>Official Use Only</b>				
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	<input type="checkbox"/> Entire MR			
	<input type="checkbox"/> Abstract			
	<input type="checkbox"/> Other _____			

## Release of Medical Records

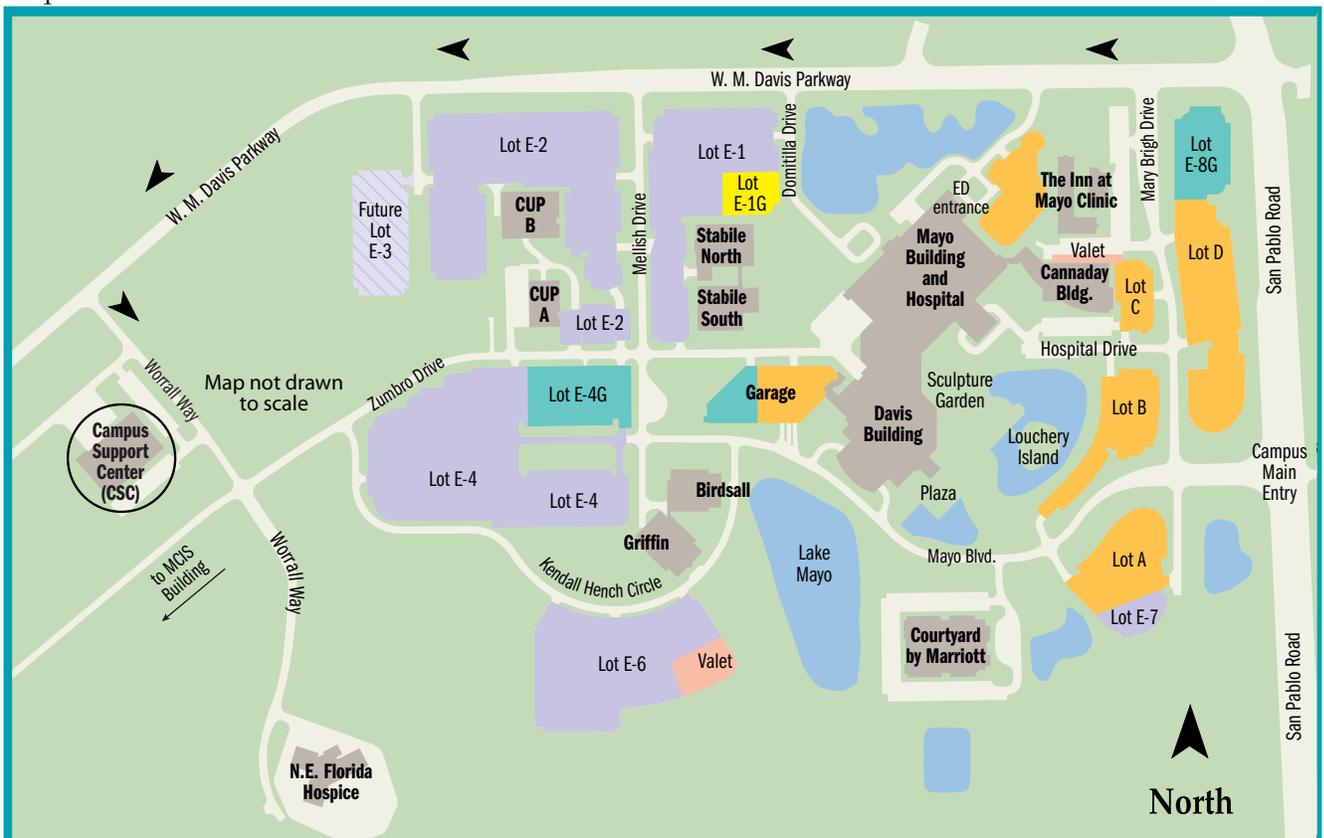
A record of the care you received is retained in Health Information Management Services. Medical records are kept in strict confidence and are not released without the written authorization of the patient except as permitted or required by law. Please call Mayo Clinic Health Information Management Services at (904) 953-2022 to obtain a copy of your medical information. In accordance with Florida law, the charge for copying medical records is as follows:

CLINIC - \$1.00 per page up to 25 pages and 15 cents for each additional page, plus postage.

HOSPITAL - \$1.00 per year search fee and then \$1.00 per page plus postage.

This fee is waived if information is disclosed for continuing care.

For your convenience, we prefer to mail your information. However, you can arrange to pick up your records at the Mayo Campus Support Center (map below). Please allow 24-48 hours to process your request.



### Directions to Health Information Management Services

(located at the Mayo Campus Support Center)

- From San Pablo Road, take Davis Parkway (second light north of Butler Boulevard).
- Go 0.8 miles (past forested area, road will bend to the left).
- Turn left on Worrall Way.
- Campus Support Center is a large white building on the right.
- Turn into the parking lot located on the east side of the building and park in one of the spaces designated for “Release of Information.”
- Parking is located directly in front of the “Release of Information” door.