



Authorization for Release of Information

Patient Name: _____ **D.O.B:** _____ **S.S.#:** _____

I am requesting information from: _____

The specific information to be released is: _____

(√) I would like my protected health information to be released to:

Vein Specialists of Tampa, LLC
2835 W. De Leon Street, Suite 102

Tampa, Florida 33609

(813) 374-9002 FAX: (813) 374-9093

Vein Specialists of Tampa, LLC or other named facility has permission to release any and all information which the named facility may possess in regard to the patient's examinations and treatments, including but not limited to, alcohol abuse to drug abuse information, HIV antibody testing information, psychiatric and/or psychological information, communicable disease information, or any other information related to the patient's total treatment. I understand that I have the right to revoke this authorization at any time and must do so in writing. I understand that the revocation will not apply to protected health information (PHI) that has already been disclosed in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. I must present my written revocation to the Medical Record Department at Vein Specialists of Tampa, LLC. I understand that the disclosure of my protected health information (PHI) carries with it the potential for re-disclosure by the recipient and the PHI may not be protected by the federal privacy rules. Vein Specialists of Tampa, LLC may not condition treatment, payment, enrollment, or eligibility for benefits on this signed authorization.

Patient Signature

Date Signed:

Relationship to Patient: () Patient () Natural Guardian () Legal Guardian () Authorized Representative

Information regarding HIV, AIDS, alcohol, drug abuse, psychiatric and/or psychological information, is protected by state/federal law. You shall make no further disclosure of this information without specific written and informed release of the individual to whom it is pertains, or as otherwise permitted by state/federal law.