COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA (CPCSFL)



2585 South State Road 7, Suite 110, Wellington, FL 33414 Phone (561) 795-8655 Fax (561) 795-8449

AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION

Name (Last, First, MI) Phone DOB SSN Email Address Address Eccords are to be: (Select One) Encords are to Send Records C. CPCSFL to Send Records B: Records are for: (Select One) Paper CPCSFL to Send Records Organization Paper CPCSFL to Receive Records Organization Other							
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Operative Reports FromTo	Office Notes					Keith Dietrick, MD	
Lab Reports (If unspecified, the last 12 months of records will be released) Bruce Hindin, DO NRI Reports Humberto Porrata, MD Other Humberto Porrata, MD Initials I understand that I have a right to revoke this authorization at any time. Unless otherwise revoked, this authorization will expire on the following date, event or condition: Initials Initials I hereby authorize release of my medical records which may include information relating to sexually transmitted disease, AIDS or HIV. Initials I hereby authorize release in my medical records which may include information relating to behavioral or mental health services and treatment for alcohol and/or drug abuse. Initials Records requested for my personal use will require a charge of \$1.00 per page for the first 25 pages, then \$0.25 for each additional page pursuant to Florida Statute, Chapter 395. Initials Records sent to another medical provider will be sent free of charge. Initials If I choose to receive my records in an electronic format, I understand that I am authorized to use the email provided to	Operative Reports		From		То		
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Comprehensive Pain Care of South Florida. (Patient Option Only)							
Signature of Patient/Legal Representative							
Patient Signature Date	Patient Signature					Date	
Legal Guardian Signature Date	Legal Guardian Signature					Date	
Witness							
	Witness Office Use Only: Numbe	r of Pages	•			Date Initials	
	Office Use Only: Number of Pages:				Fee:	Initials	

Comprehensive Pain Care of South Florida complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin age, disability or sex.

Comprehensive Pain Care of South Florida cumple con las leyes federales de derechos civiles aplicables y no discrimina por motives de raza, color, nacionalidad, edad, discapacidad o sexo.