

REQUEST FOR ACCESS TO MEDICAL INFORMATION

Care Plus Walk-in Clinics

16688 N Dale Mabry Hwy
Tampa, FL 33618

Phone: (813) 964-9200

Fax: (813) 676-0227

Our Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

Patient Name: _____ Dob: _____

Last Four Digits of SS#: _____

Expiration of this authorization (if applicable): _____

Health Care Information requested. Please provide dates, diagnosis, treatment, or any other indications of the specific information you desire:

Subject:

- | | | |
|---|--|--|
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Consults | <input type="checkbox"/> Complete Medical Record |

Other (specify): _____

I authorize my records to be released from: _____

(Provide Name, Address & Phone Number)

Please Mail or Fax records to:

(Provide Name, Address & Phone Number)

This request was signed by: _____ ***Date:*** _____

Patient or Representative

Relationship to Patient (if other than patient) _____

Witness: _____ Date: _____

Our Notice of Privacy Practices provides information about our use of a patient's protected health information (PHI). The Notice contains a Patient Rights section describing your rights under law. Patients have a right to access, inspect, and copy protected health care information used to make decisions about them.

Our Practice will not only include information used to make decisions about the patient. Our Practice may limit access to information generated only by this Practice. Under some circumstances, such as increased risk of harm or injury, our Practice may withhold the requested information. The Privacy Officer of our practice will evaluate this Request and notify the patient of our decision within 15 days of this request. If the request is approved, our Practice will provide the information within 30 days, or within 60 days if such extension is necessary. Reasonable costs will be charged for the Request. Cost will be submitted to the patient upon approval of the Request. Our Practice may provide a summary of the requested information if you are agreeable.