



QUALITY HEALTH MANAGEMENT

15280 NW 79th Court, Suite 100

Miami Lakes, Florida 33016

**HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION PURSUANT TO 45 CFR 164.508**

TO: \_\_\_\_\_

Name of Healthcare Provider/Physician/Facility/Medicare Contractor

Street Address

City, State and Zip Code

RE: Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number/ID #: \_\_\_\_\_

I authorize and request the disclosure of all protected information for the purpose of review and evaluation in connection with a legal claim. I expressly request that the designated record custodian of all covered entities under HIPAA identified above disclose full and complete protected medical information including the following:

\_\_\_\_\_ All medical records, meaning every page in my record, including but not limited to: office notes, face sheets, history and physical, consultation notes, inpatient, outpatient and emergency room treatment, all clinical charts, reports, order sheets, progress notes, nurse's notes, social worker records, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, documents, correspondence, test results, statements, questionnaires/histories, attestation sheets, correspondence, photographs, videotapes, telephone messages, and records received by other medical providers.

\_\_\_\_\_ All physical, occupational and rehab requests, consultations and progress notes.

\_\_\_\_\_ All disability, Medicaid or Medicare records including claim forms and record of denial of benefits.

\_\_\_\_\_ All employment, personnel or wage records.

\_\_\_\_\_ All autopsy, laboratory, histology, cytology, pathology, immunohistochemistry records and specimens; radiology records and films including CT scan, MRI, MRA, EMG, bone scan, myelogram; nerve conduction study, echocardiogram and cardiac catheterization results, videos/CDs/films/reels and reports.

\_\_\_\_\_ All pharmacy/prescription records including NDC numbers and drug information handouts/monographs.

\_\_\_\_\_ All billing records including all statements, claim forms including UB 92 and HCFA 1500, insurance claim forms, itemized bills, and records of billing to third party payers and payment or denial of benefits.

I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information.

This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived. You are authorized to release the above records to the following representatives of defendants in the above-entitled matter who have agreed to pay reasonable charges made by you to supply copies of such records:

RELEASE TO:

Quality Health Management, LLC

15280 NW 79th Court, Suite 100

Miami Lakes, Florida 33016 USA

Telephone: 305-821-8430/ Fax: 305-820-4033

I understand the following: See CFR §164.508(c)(2)(i-iii) - a. I have a right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization. b. The information released in response to this authorization may be re-disclosed to other parties. c. My treatment or payment for my treatment cannot be conditioned on the signing of this authorization. Any facsimile, copy or photocopy of the authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect until two years from date of execution at which time this authorization expires.

\_\_\_\_\_  
Patient print name

\_\_\_\_\_  
Signature of Patient or Legally Authorized Representative Date  
(See 45CFR § 164.508(c)(1)(vi))

\_\_\_\_\_  
Name and Relationship of Legally Authorized Representative to Patient (including Minors)/DATE

Telephone (305) 821.8430

Fax (305) 820.4033

www.qhmanagement.com

