



Authorization to Disclose Health Information

Required: Release records from	which TGH/TGMG	location:		
Patient Name Last			First	Middle Initial
Street Address				
City				
Home Phone				
Email address:				
The undersigned hereby authorizes				al Group to provide to
The undersigned hereby autionzes	and requests Tam	pa General Hospita	ai anu/or Tampa General Meur	al Group to provide to.
Identity	of Third Party or Author	prized Representative /	Name of Health Care Facility	
Street Address			Suite/Floor	
City	State	Zip	Phone	
Per Federal and State regulations,	nospitals are autho	rized to charge up	to a \$1.00 per page for copies	of medical records.
Check the box next to each type of	information to be d	lisclosed (include d	dates where indicated):	
Most recent history and physical o	r specific date(s):			
Most recent discharge summary o	r specific date(s):			
Laboratory results, specify types o	r dates:			
Other diagnostic testing results, sp	ecify types or dates:			
Entire record, specify date:				
Abstract, specify date (includes on	ly pertinent treatmer	t information):		
Other, specify:				
Including HIV/AIDS testing, results alcohol and/or drug abuse treatme	, and/or treatment re			sychotherapy notes);
I understand that signing this authoriz not be conditioned upon my authoriza understand that if I revoke this author management department or mail to th been released in response to this author disclosure and the information may no information, I can contact the Director	tion of this disclosure zation I must do so i e above address. I u norization. I understa ot be protected by fee	I understand that n writing and presen understand that the i and that any disclosi deral confidentiality i	I have the right to revoke this au at my written revocation to the he revocation will not apply to inform ure of information carries with it t rules. If I have questions about t	thorization at any time. alth information nation that has already he potential for re-
Unless otherwise revoked, this aut	norization will expir	e on the following	date, event or condition:	
If I fail to specify an expiration date, e	vent or condition, this	s authorization will e	xpire in 90 days.	

Signature of Patient or Legal Representative

Signature of Witness

Date

If signed by Legal Representative, Relationship to Patient



Frequently Asked Questions

1. How do I request my medical records?

You can request your records in person at our customer service window or mail in your request to the address listed on the reverse side.

2. Can I fax my request?

No. To ensure the expediency in which we receive and respond to requests from other medical facilities for immediate and emergent patient care, we are unable to accept requests by fax from anyone other than outside medical facilities.

3. Can I receive my records via fax?

No. Due to HIPAA rules and regulations, and to ensure every patient's right to privacy, we only fax patient medical records to other medical facilities for immediate patient care.

- Who can I call regarding my records? Billing/Radiology/etc.? (ROI now has the ability to provide patients with a CD containing Radiology images (excluding mammograms). ROI: (813) 844-7533 Radiology: (813) 844-7533 Billing: (813) 844-7291
- What are the business hours for ROI? Monday – Friday 8:30 a.m. to 5:00 p.m. Closed Weekends and Holidays.
- 6. Is there a charge for copies of my medical records? Yes. Per Federal and State regulations, we are authorized to charge up to \$1.00 per page for copies of medical records. There is no charge for medical records if they are provided directly to your physician.
- 7. Once I request my medical records, how will I receive them? We can mail them to you or you can arrange to pick them up. Please specify when requesting.
- 8. If I come to the customer service window, can I receive copies of my medical records while I wait? If you are requesting records for one particular recent visit, then they can be provided while you wait. Multiple visits or copies of entire charts may take up to 30 days to process. An invoice will be mailed and upon receipt of payment, records will be mailed to you.
- 9. How long does it take to receive my records once my request is received? Once your request is received, it may take up to 30 days to process and be mailed out to you.

10. When is my record available for release?

Medical records are available for release upon discharge.

11. Who can pick up my records?

Only you can pick up your records unless you write a letter authorizing someone else to pick up your records or specify this information on the signed and dated authorization form. The person you authorize to pick up your medical records will need to show identification before medical records are released.

12. Who can request my records?

Only you or the person/entity authorized by you to obtain records may request records. A Healthcare Surrogate or Power of Attorney appointed by you may request copies of your medical records. A copy of the corresponding documentation and appropriate identification must be presented before records will be released to a personal representative.

13. Can I request records on a deceased person?

Records on deceased patients can be requested by the Administrator of the deceased's estate, next-of-kin (surviving spouse, adult children, parents, or adult siblings, respectively). Proper documentation and identification must be provided. This may include court documentation, death certificate, and documentation proving relationship; i.e. an adult child requesting their deceased parent's records must provide proof that there is no surviving spouse and a birth certificate identifying patient as their parent.

14. How do I request someone else's medical records?

Only under certain circumstances can you request and receive someone else's medical records.

- You must be the parent of a minor child (under 18) who is not emancipated, or
- You must have Power of Attorney or Health Care Surrogate for the patient you are requesting, or
- You must provide a court order allowing you to obtain requested records.

15. What is an abstract?

An abstract is a summary of your visit that contains the pertinent information about your treatment. For a typical inpatient stay, an abstract could consist of a discharge summary or order, history and physical, consultations, operative reports, lab results, radiology reports, and any additional diagnostic testing results. An abstract does not contain any handwritten information unless it is one of the document types previously listed that is not available in the form of a typed document.