



Patient Authorization for the Release of Protected Health Information

H.I.P.P.A Compliant Under The Health Insurance Portability and Accountability Act of 1996 [45 CFR §164.508]

NAME OF PATIENT: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DATE OF ACCIDENT: _____

I, _____, hereby authorize _____, its agent, employees and associates to release the protected health information that is described below to: Joseph R. Dawson, P.A. 110 Southeast Sixth Street, Suite 1900, Fort Lauderdale, Florida, 33301; telephone (954) 467-2100 and facsimile (954) 467-0058.

The protected health information (PHI) released herein includes the following:

- Any and all hospital records and/or radiological films
- Any and all billing documents
- Any and all reports/records of health care providers regarding services rendered to the patient identified in this authorization.

This **PHI** is to be used for representation in a personal injury action.

This release may be revoked by a signed and properly dated written revocation, delivered to the hospital and/or any other health care provider and that this release has not been coerced by a health care entity or any of its business associates.

I understand that once PHI is disclosed, it may be re-disclosed to individuals or organizations that are not subject to the Federal privacy regulations such as expert witnesses, litigants, and insurance companies, and even may become public record if filed with a court of law.

A photocopy of this authorization shall be as effective as the original document. All prior authorizations are hereby canceled.

This authorization will expire one year from the date of the authorization.

DATED this _____ day of _____, 20_____

Patient or Personal Representative

Law Offices of Joseph R Dawson P.A.
110 SE 6th Street, Suite 1900
Fort Lauderdale, FL 33301
Phone (954) 467-2100
Fax (786) 610-1880
DawsonLawFirm.com

If executed by a Personal Representative, the representative's authority to act on the patient's behalf is: (e.g. "As Parent" or "As Legal Guardian")_____

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