

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION UNDER
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

1. The undersigned patient named below hereby executes this authorization in compliance with the Federal Health Insurance Portability and Accountability Act, HIPAA; 45 CFR 164.104
2. This authorization is directed to the following healthcare providers including its agents, subsidiaries, employees and associates:

3. The above named health provider(s) are requested to release the protected health information that is described below to the following patient's attorney(s) including agents of their offices:

Richard B. Troutman; Stephen H. McNeill; Matthew R. Boren; The Law Offices of Richard B. Troutman, P.A. 1101 N. Kentucky Avenue, Winter Park, FL 32789 (Telephone: 407-647-5002 Fax: 407-647-2050)

4. Please release the following protected health information:

5. I authorize the release of the above information with regard to **all dates of service** both prior and subsequent to the date this authorization is executed.

REQUIRED DISCLOSURES – 45 CFR 164-08(c)

- A. The protected health information is to be used for evidence in a legal claim or proceeding
- B. This authorization may be revoked by a signed and properly dated written revocation, delivered to the healthcare provider named above, provided that this release cannot be revoked as to protected health information that has been previously released by this form.
- C. The undersigned acknowledges that a refusal to sign this form will not result in a denial of health care by the hospital 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.
- D. The undersigned acknowledges that once the 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, insurance companies and may become public recorded if filed within a Court of Law.
- E. This authorization will expire twelve (12) months after the date executed unless earlier revoked in writing.

Signature

Date of Birth

Printed Name

Social Security Number

Dated

Witness