



Bonita Community Health Center
3501 Health Center Boulevard
Bonita Springs, Florida 34135
Tel 239-949-1050 Fax 239-949-6132

Patient/ Representative Access to Protected Health Information

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), I hereby authorize

Provider/Facility Address
Phone Number Fax Number
to disclose the following

Information from the health records of: Patient's Full Name DOB:

Patient Medical Record #

Patient Address

Covering the period of healthcare from: (date) to (date)

Information to be disclosed:
Complete health record History & Physical Laboratory Tests/Diagnostics
Operative Report X-Ray Reports Other

This information is to be disclosed to: Name

Address for the purpose of

Phone Number: Fax Number:

Table with 2 columns: Inclusions (HIV/AIDS, Mental Health, Domestic Violence, Drug/Alcohol) and Consent to Minors (1-8 conditions).

According to the Privacy Notice, I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization.

Signature of Patient/Legal Representative Date

Signature of Witness Date