



Bonita Community Health Center  
3501 Health Center Boulevard  
Bonita Springs, Florida 34135

## Authorization to Release Protected Health Information

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), I hereby authorize the Radiology Department of Bonita Community Health Center to disclose the following information from the Radiology records of:

Date: \_\_\_\_\_

\_\_\_\_\_  
**Patient's Full Name**

\_\_\_\_\_  
**Phone number**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Medical Record # \_\_\_\_\_

Patient Address \_\_\_\_\_  
City/State Zip Code

Radiology exam covering from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Radiology information to be disclosed: **(All images will be provided on CD-ROM)**

MRI \_\_\_\_ Ultrasound \_\_\_\_ CT Scan \_\_\_\_ Mammogram \_\_\_\_ X-ray \_\_\_\_

This information is to be disclosed to \_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Address City/State Zip Code

### Patient to pick up/ Send to Physician

Phone Number \_\_\_\_\_ (circle one)

According to the Privacy Notice, I understand that this authorization may be revoked in writing at anytime, except to the extent that action has been taken in reliance on this authorization. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. Unless otherwise revoked, this authorization will expire in 90 days. The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

\_\_\_\_\_  
Signature of Patient/Legal Representative \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**ALL CD REQUESTS WILL BE CONFIRMED WITH THE PHYSICIAN'S OFFICE.**  
**THERE WILL BE A CHARGE OF \$5.00 FOR ANY CDs NOT GOING TO A PHYSICIAN'S OFFICE.**

For internal use only:

Patient Paid: \_\_\_\_ CD Made: \_\_\_\_\_ Patient Picked Up: \_\_\_\_ Scanned: \_\_\_\_  
Date/Initials