Sunshine Healthcare Solutions

Primary Care Specializing in You

PHYSICIAN AUTHORIZATION FORM

_____ _____/_____/_____ _____ -_____-_____

PATIENT NAME **Date of Birth** **Social Security Number**

I authorize the specified person(s) to disclose protected health information as follows:

1. **Person authorized to make disclosure:**_____
   (Name of health care provider)
2. **Person Authorized to receive the disclosed information:** **Susan G. Schneider MD, MSPH**
3. **Recipients mailing address:** **465 Minutemen CSWY #455 Cocoa Beach, FL 321931**
4. **Description of the protected health information that is authorized to be used or disclosed:**
   - ☑ **Please send the entire medical records (all information) to the above named recipient. The recipient understands these records to be voluminous and agrees to pay all reasonable charges associated with providing this record. (Exclusions may apply)**
   - ☑ **Transcribed Hospital Reports**
   - ☑ **Medical Records need for continuation of medical care**
   - ☑ **Laboratory Reports**
5. **The information will be used on my behalf for the following purpose(s):**

   The continuation of medical care._____
6. **This authorization is not limited in any way.**_____
7. **I understand that the information received pursuant to this authorization may be disclosed by the recipient and might lose its protected status.**
8. **I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the physician's clinic where my information is maintained. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that my revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.**

_____ _____

Signature **Date**

_____

Printed Name of Patient or Representative

Fax (888) 584-1919

465 Minutemen Cswy #455 • Cocoa Beach, FL 32931 • Phone (866) 389-7601

www.SunshineHealthcareSolutions.com