Authorization to Release Medical Records
To Robert H. Spiro, Ph.D., ABPP

I hereby authorize the use and disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by the federal privacy regulations.

Patient name: _____ Date of Birth: _____

Address: _____

Last 4 of SS#: _____ City: _____ State: _____ Zip: _____ Phone: _____

Initial each section below:

_____ I understand that I have the right to withdraw my authorization at any time except to the extent that the action has already been taken pursuant to this authorization. I understand that if I revoke this authorization, I must do so in writing and present my written request to the Practice.

_____ I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign, and the Practice will not base treatment, payment or eligibility for benefits on whether or not I provide authorization for the requested use or disclosure. I understand that I may inspect a copy of the information to be disclosed, as provided in 45 CFR 164.524 (with reasonable charge).

_____ I understand that information used or disclosed pursuant to this authorization may be subject to disclosure by the recipient of the information and no longer protected by federal confidentiality laws or the Practice.

I Authorize to release my health information to Robert H. Spiro, Ph.D., ABPP for the purpose of my healthcare and treatment.

Information to be Disclosed (please check all that apply):
☐ All Records ☐ Summary ☐ Tests ☐ Other:

Purpose for Disclosure: ☐ Continuation of Care ☐ Other

Unless otherwise revoked, this authorization will expire 36 months from the date of the signature listedbelow.

Patient/Patient's Representative: _____ Print Name: _____ Date: _____

Please FAX documents to 561- _____

4800 N. Federal Highway, Suite E-102 Boca Raton, Florida 33431 Phone: 413.441.9261