

Transplant &  
Hepatobiliary  
Specialists AT LARGO

**Authorization for Release of Information**

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Social Security# \_\_\_\_\_

**I am requesting information from:**

**The specific information to be released is:**

I would like my protected health information to be released to:

**Transplant & Hepatobiliary Specialists at Largo  
1301 2<sup>nd</sup> Ave, Suite 315  
Largo, FL 33770  
PH: (727)587-7120 FAX: (727) 585-6850**

Transplant & Hepatobiliary Specialists at Largo or other named facility has permission to release any and all information which the named facility may possess in regard to the patients examinations and treatments, including but not limited to, alcohol abuse to drug abuse information, HIV antibody testing information, psychiatric and/or psychological information, communicable disease information, or any other information related to the patients total treatment. I understand that I have the right to revoke this authorization at any time and must do so in writing. I understand that the revocation will not apply to protected health information (PHI) that has already been disclosed in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. I must present my written revocation to the Medical Record Department at Transplant & Hepatobiliary Specialists at Largo. I understand that the disclosure of my protected health information (PHI) carries with the potential for re-disclosure by the recipient and the PHI may not be protected by the federal privacy rules, Transplant & Hepatobiliary Specialists at largo may not condition treatment, payment, enrollment, or eligibility for benefits on this signed authorization.

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Relationship To patient: \_\_\_Patient \_\_\_Natural Guardian \_\_\_Legal Guardian \_\_\_Authorized Representative

**Information regarding HIV, AIDS, alcohol, drug abuse, psychiatric and/or psychological information, is protected by state/federal law. You shall make no further disclosure of this information without the specific written and informed release of the individual to whom it pertains, or as otherwise permitted by state/federal law.**