

PILOT HEALTHCARE
DR. BRUCE M. BRIDEWELL
10201 ARCOS AVE, SUITE 201
ESTERO, FL 33928
(239) 992-7822 OFFICE – (855) 225-4662 FAX
BRUCE@DRBRIDEWELL.COM WWW.DRBRIDEWELL.COM

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION
HIPPA COMPLIANT REQUEST FOR INFORMATION

NAME OF PATIENT

STREET ADDRESS

PHONE NUMBER

CITY STATE ZIP CODE

EMAIL ADDRESS

DATE OF BIRTH (00/00/0000)

I HEREBY GIVE THE FOLLOWING ENTITY PERMISSION TO RELEASE MY
PROTECTED HEALTH INFORMATION (PHI)

_____ RELEASE A 2 YEAR ABSTRACT OF MY RECORDS

_____ ENTIRE RECORDS (SUBJECT TO STATE REGULATED RATES)

HIV, behavioral health, or drug and alcohol abuse/treatment information contained within the dates of service I have specified above are to be released through this authorization unless specified.

I may revoke this authorization at any time by mailing or personally delivering a signed, written notice of revocation to the healthcare provider at which this authorization was executed. Such revocation will be effective upon receipt, except to the extent that the recipient has already taken action in reliance on this authorization. I am entitled to a copy of this authorization at my request.

SIGNATURE OF PATIENT

DATE