



This authorization will expire one year from date signed or upon termination (discharge) of treatment with all providers of CBHC. I understand authorizing the use or disclosure of the information identified is voluntary. I need not sign this form to ensure healthcare treatment.

If signed by legal representative, relationship to patient: \_\_\_\_\_

Paper documentation establishing relationship is provided:  Yes  No \_\_\_\_\_

**Staff/Witness Signature**

\_\_\_\_\_  
Staff/Witness Name

\_\_\_\_\_  
Date

**CBHC Medical Records Phone: 941-639-8300, ext. 316**

**Fax: 941-575-1865**

NOTICE TO RECIPIENT OF INFORMATION: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise prohibited by 42 CFR part 2.

**RELEASING PATIENT INFORMATION**

It is the policy of Charlotte Behavioral Health Care to keep your treatment records confidential. We do this in many ways within our organization.

Only the treating providers have access to your records. Information contained within your record is only released when requested by you by completing a release/request for records.

Following are instructions for completing a release. You may complete as many releases as you need.

- You must complete name, date of birth, and/or social security number.
- You must tell us if we are disclosing information (sending out or giving) or obtaining information (getting information from another agency or doctor).
- You must let us know how you want the information handled—by fax, verbally, etc.
- Your primary care doctor may want to have information about treatment. Please see the area on release specific for this.
- You must tell us what to share or what to get by checking the appropriate box for programs where you have had service.
- You must tell us how the information will be used—check the appropriate box.
- Please sign the release and date.
- If you are the legal representative for a patient, please put relationship (mother, father, etc.).
- If this release is being done with the records staff, and if you are not known to us, we will ask you for photo ID.

**Florida Law states we have 30 days to make records available.  
You will be notified if that is not possible.**

Florida Law also allows us to charge a reasonable fee for copying of records.

**This fee is \$1.00 per page.**

This policy is posted outside of the Records Department, and it can be viewed below.  
If you have questions or concerns, please ask to speak with the Medical Records Manager.

Our hours of operation for authorizations/releases/consents are 8:30 AM to 4:00 PM, Monday through Friday.

For questions or concerns, please call 941-639-8300, ext. 316.  
Please leave your name and number, and someone will return your call within 24 hours Monday-Thursday.  
Calls after 4 PM on Friday will be returned on the following Monday.

**COST FOR REPRODUCTION OF MEDICAL RECORDS**

**POLICY:**

Charlotte Behavioral Health Care, Inc. will charge for reproduction (copying) of records as regulated by FS 395.3025 and Florida Administrative Code 64B8-10.003.

Fees will be charged for:

- Accounting of disclosure listings
- Copies related to research
- Copies to consumers or legal representatives
- Copies to attorneys
- Copies for Disability Determination

HIPAA allows for charging consumers or their legal representatives when they request an accounting of disclosure.

The first request for an *accounting of disclosure of records*\* to an individual in any 12-month period is provided without a charge (per section 164.528(L)(2)). For each subsequent request within a 12-month period, the consumer may be charged. \**Accounting of disclosure of records* means a listing of your records that may have been disclosed and to whom they were disclosed.

The cost of copying records will be assessed at \$1.00 per page.

**Workers Compensation Charges (4L-7.601)**

The cost to employee or attorney for reproduction of workers compensation shall be \$1.00 per page.

**PROCEDURE:**

Each person requesting copies of records will be invoiced with the total charge. Payment will be expected at the time records are delivered or mailed.

After getting a release signed and determining that there is a legal right to records, inform consumer (legal representative) that there is a charge for copies of records.

The consumer may call before they pick up records to have fee (costs) quoted to them. Fee will be quoted to any one wishing to have quote before records are copied by the Medical Records staff.

Fees may be waived or reduced based on consumer hardship. Consideration of reduction of fees or a waiver of the fee will be on a case by case basis.