



Health Information Management Dept.
 P.O. Box 1289
 Tampa, FL 33601-1289
 Phone: (813) 844-7533



Authorization to Disclose Health Information

Required: Release records from which TGH/TGMG location: _____

Patient Name _____
Last First Middle Initial

Street Address _____ Apt _____

City _____ State _____ Zip _____ Birth date _____ Age _____

Home Phone _____ Work Phone _____ SSN _____

Email address: _____

The undersigned hereby authorizes and requests Tampa General Hospital and/or Tampa General Medical Group to provide to:

 Identity of Third Party or Authorized Representative / Name of Health Care Facility

Street Address _____ Suite/Floor _____

City _____ State _____ Zip _____ Phone _____

Purpose: Legal Insurance Continuity of care Personal Other (please specify): _____

Per Federal and State regulations, hospitals are authorized to charge a fee for copies of medical records.

Check the box next to each type of information to be disclosed (include dates where indicated):

- Abstract, specify date(s) (includes only pertinent treatment information): _____
- Most recent history and physical or specific date(s): _____
- Most recent discharge summary or specific date(s): _____
- Laboratory results, specify types or dates: _____
- Other diagnostic testing results, specify types or dates: _____
- Entire medical record, specify date: _____
- Billing records, specify date: _____
- Other, specify: _____
- Including HIV/AIDS testing, results, and/or treatment records; Mental Health treatment records (excluding psychotherapy notes); alcohol and/or drug abuse treatment records

I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure. 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 health information management department or mail to the above address. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that any disclosure of information carries with it the potential for re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about the disclosure of health information, I can contact the Director of the Health Information Management Department at (813) 844-7525.

Unless otherwise revoked, this authorization will expire on the following date, event or condition:

 If I fail to specify an expiration date, event or condition, this authorization will expire in 90 days.

 Signature of Patient or Legal Representative

 Signature of Witness

 If signed by Legal Representative, Relationship to Patient

 Date



Frequently Asked Questions (Third Parties)

1. How can I request another person's medical records, radiology studies, and/or billing records?

Submit a HIPAA compliant authorization signed and dated by the patient to obtain copies of a patient's records. If the patient is not the individual signing the authorization, legal documentation allowing the individual to sign on behalf of the patient may be required before records can be provided. Requests from third parties can be submitted via email, fax, or mail. There are fees associated with obtaining copies of medical records, radiology studies, and billing records.

Email: roirequests@tgh.org

Fax: (813) 844-5891

Mail: Tampa General Hospital
Health Information Management/ROI
PO Box 1289
Tampa, FL 33601

2. Once I request medical records, how will I receive them?

We can mail them to you or provide them electronically via email or in PDF format on a CD. Radiology studies can only be provided on CD. Please specify when requesting.

3. Who can I call regarding status on previously submitted requests for Medical Records/Billing/Radiology/etc.?

Release of Information (ROI) processes requests for medical records, billing records, and radiology and/or cardiology imaging studies on CD for all legal requests. The ROI Customer Service number is (813) 844-7533.

4. What are the business hours for ROI?

Monday – Friday 8:30 a.m. to 5:00 p.m. ROI Customer Service Team Members are available from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:30 p.m. Closed Weekends and Holidays.

5. Is there a charge for copies of medical records, billing records, and radiology studies on CDs?

Yes. Fees charged for records are governed by the appropriate Federal or State regulation.

6. What is an abstract?

An abstract is a summary of a patient visit that contains the pertinent information about the treatment received. For a typical inpatient stay, an abstract could consist of a discharge summary or order, history and physical, consultations, operative reports, lab results, radiology reports, and any additional diagnostic testing results. An abstract does not contain any handwritten information unless it is one of the document types previously listed that is not available in the form of a typed document.

7. Is the itemized bill included in the entire medical record?

No. There is a distinction between medical records and billing records. Itemized bills are billing records and need to be specifically requested and included on any authorization completed and signed by the patient.