

STILIANOPOULOS LAW FIRM, P.A.

Attorney at Law

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AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name:	Social Security Number:
Date of Birth:	Date of Acc:

1. I authorize the use or disclosure of my health information to my attorney listed below for legal matters.

2. The following individual or organization is authorized to make the disclosure:

Name of Health Care Provider: _____

Address: _____

Patient Name: _____

3. You are authorized to provide any and all information of any nature whatsoever and concerning any time whatsoever, which you may possess concerning the undersigned's medical or physical condition and to provide the below named law firm or its representative with copies of any and all records concerning said patient at any time. This authorization includes, but is not limited to reports, x-rays, in-patient records, out-patient records and emergency room records.

4. This information may be disclosed to and used by my attorneys and their support staff at:

STILIANOPOULOS LAW FIRM, P.A.

PO Box 2078

Windermere, FL 34786

Tel. No: (407) 351-0200

5. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand 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.

6. Unless otherwise revoked, this authorization will expire one year from the date of execution and a photocopy of this authorization shall be as valid as the original.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand I may inspect or copy the information to be used or disclosed. I understand any disclosure of information carries with it the potential for re-disclosure and the information may no longer be protected by federal confidentiality rules.

CLIENT SIGNATURE

DATE