



AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION TO PALMA SOLA MEDICAL
To release my PROTECTED HEALTHCARE INFORMATION for the purpose of medical treatment to:

Adnan K. Sammour, MD ● Angela Robison, DO ● Dionne Yamout, APRN

Oceanna White, APRN ● Debra Friedrich, APRN ● Marina Nesterenko, MD ● Vanderbilt Robison, DO

2227 59th Street West, Bradenton, FL 34209 P: [941] 795-5922 F: [941] 761-1682

Patient Name: _____ Previous Name: _____

DOB: _____ Social Security No: _____

RECORDS FROM: _____

Phone: _____ FAX: _____

This request and authorization applies to:

Healthcare information ONLY pertaining to the following treatment, condition, or date[s]:

All protected health information in your possessions; related to the treatment and/or coordination of care and/or management of care by the above named entity.

Other: _____

Yes No I authorize the release of my STD results, HIV/AIDS testing.

Yes No I authorize the release of my drug, alcohol, or mental health treatment.

My signature below signifies my request and authorization to release medical information to PALMA SOLA MEDICAL ASSOCIATES. I understand I may revoke this authorization at any time by giving written notice to the Privacy Officer in your office. I have had the chance to read and think about the content of this authorization form and agree with all statements made in this authorization.

Patient Signature

Date Signed [expires >90 days]

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act {HIPAA} Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient [or an employee or agent responsible for delivering this facsimile transmission to the intended recipient], you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone [number listed above] to arrange the return or destruction of the information and all copies.

