

FLORIDA SPORTSMEDICINE AND ORTHOPAEDICS, PA

DR JAMES TALKINGTON

2428 JENKS AVE PANAMA CITY, FL 32405

850-763-0346(PHONE)

850-769-3736(FAX)

1) **PATIENT INFORMATION**

---

Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Date of birth	Cell/Home phone	Work phone		
_____	_____	_____		

2) **AUTHORIZES:**

\_\_\_\_\_  
Name of Health Care Provider

3) **TO DISCLOSE TO:**

Self, Delivery Options:     Pick Up     Mail to above address     Fax to \_\_\_\_\_  
 To be picked up here by, I hereby authorize \_\_\_\_\_ to pick up my records. (Photo ID required).

4) **DATE(S) OF INFORMATION TO BE DISCLOSED:** From \_\_\_\_\_ to \_\_\_\_\_.

5) **INFORMATION TO BE DISCLOSED:**

All medical records                       Radiology films/images  
 All billing records

**I DO NOT WANT THE FOLLOWING INFORMATION DISCLOSED (as defined by applicable State and Federal laws):**

Alcohol/Drug Abuse     HIV Test results     Mental Health

6) **PURPOSE:** (Check all that apply)     Further Medical Care     Legal Investigation  
 Insurance Eligibility/Benefits     Personal

7) **YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:** I am aware that I have the right to inspect and receive a copy of health information I have authorized to be used and/or disclosed by this authorization. ***I understand that I may be charged a fee for record copies.*** In addition, I understand that I do not need to sign this Authorization in order to receive treatment. I also am aware that I may revoke this Authorization by notifying the disclosing medical records department in writing. However, I understand that my revocation will not be effective as to uses and/or disclosures: (1) already made in reliance upon this Authorization; or (2) needed for an insurer to contest a claim/policy as authorized by law if signing the Authorization was a condition to obtaining insurance coverage. I realize that the information used and/or disclosed pursuant to this may be subject to re-disclosure and no longer protected by federal law.

8) **SIGNATURE OF PATIENT/LEGAL REP:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

---

Office Use: Approved by: \_\_\_\_\_ **DATE:** \_\_\_\_\_