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Authorization To Release Medical Records

Policy

In accordance with the HIPAA Privacy Rule, when protected health information is to be used or disclosed for purposes other than treatment, payment, or health care operations, the District will use and disclose it only pursuant to a valid, written authorization, unless such use or disclosure is otherwise permitted or required by law.

Procedure

1. The District will obtain signed authorization from all individuals before using or disclosing their protected health information for purposes other than treatment, payment or health care operations, or otherwise

required by law.

2. The authorization form must be fully completed, signed and dated by the patient or patient's personal representative before the PHI is used or disclosed.

Download (PDF)

Free viewers are required for some of the attached documents. They can be downloaded by clicking on the icons below.





This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H80CS25684 for Health Center Cluster in the award amount of \$6,972,813.

Of the total project, 75.7% is financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government. The C. L. Brumback Primary Care Clinics were granted Federal Tort Claims Act (FTCA) deeming status effective January 1, 2019.

Support

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Public Meetings

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Evaluation Team Meeting - RFQ 20-CEPS/TF

Date: December 13, 2019

Location:

Health Care District of Palm Beach County

1515 N. Flagler Drive, Suite 101

West Palm Beach, FL 33401

Social Media

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