

MORGAN & MORGAN

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)
UNDER HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

1. The undersigned patient, named below, hereby executes this authorization in compliance with the Federal Health Insurance Portability and Accountability Act, HIPAA, 45 CFR 164.104.
2. This authorization is directed to the following healthcare provider (including its agents, employees and associates):
Winter Park Integrity Medical Group, LLC
1801 Lee Road, Suite 304
Winter Park, FL 32789-2101
3. The above-named healthcare provider is requested to release the protected health information (PHI) that is described below, to the patient's attorney:

Morgan & Morgan - Attn: Preston Blair, Case Manager
20 N Orange Ave, Suite 1600
Orlando, FL 32801
ATTENTION: pblair@forthepeople.com
Phone: 813-223-5505
Fax: (901) 524-1787

4. The protected health information released herein is specifically as follows:

All medical information of any nature whatsoever, from any source whatsoever, which is maintained by you in your records regarding the referenced patient and which is requested by my attorneys. If you are a physician or out-patient clinic, you are authorized to send your entire chart upon their request, including not only the records dictated or written up by you, but also insurance records, handwritten notes, telephone memoranda, outside records, correspondence, or any other tangible item maintained in my chart.

If you are a hospital, you are authorized to release my complete records including x-rays or similar studies, office notes, face sheets, discharge summaries, history and physical, consultation notes, intra-operative records, anesthesia records, operative reports, recovery room, pathology reports, medication administration records, EKG reports, EKG strips, EEG reports, EEG strips, therapy notes, orders, progress notes, laboratory results, nurses notes, vital sign sheets, intake/output records, reports of all x-rays, mammograms, CT scans, MRIs or PET scans, emergency room records, transfer records, operative reports, anesthesia records, admitting summary, discharge summary, discharge instructions, personal property list, in-patient records, out-patient records, clinic records, correspondence, photographs, videotapes, telephone messages, computer generated information, medical bills, pharmacy and drug records, health insurance forms, insurance claim forms, insurance payment forms, Medicaid or Medicare records concerning any medical treatment that I have received from you, at your institution, or which you keep in the regular course of business. I hereby authorize release of all records regarding mental health, psychiatric, chemical dependency or HIV. A photo static copy of this authorization shall be as valid as the original.

Note: a COPY of this Authorization Shall Be Treated as an Original