

Powell Health Solutions, Corporation  
16400 NW 2<sup>ND</sup> Avenue, #100  
North Miami Beach, FL 33169  
(O) 305-948-4701 (F) 786-329-7223

AUTHORIZATION TO USE AND DISCLOSE HEALTH INFORMATION

Patient's Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Address Apt # City State Zip Code

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SPECIFY INFORMATION TO BE DISCLOSED:** The information that may be disclosed under this Authorization includes:

- All medical records
  - Recent labs and PAP
  - Recent diagnostic tests
  - Recent Specialists consultations
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORDS ARE TO BE OBTAINED FROM:**

SPECIALIST / FACILITY: \_\_\_\_\_

Address: \_\_\_\_\_  
Address Unit/ Suite # City State Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**MY HIGHLY CONFIDENTIAL INFORMATION:**

By checking any of the boxes next to the category of highly confidential information listed below, I specifically authorize the use and/or disclosure of the category of highly confidential information indicated next to the box, if any such information will be used or disclosed pursuant to this authorization:

- Information about mental health or mental retardation services
- Psychotherapy Notes created by a mental health professional
- Information about HIV/AIDS related testing (including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of such tests were positive or negative)
- Information about sexually transmitted diseases
- Information about alcohol or drug abuse treatment program services
- Information about sexual assault
- Information about child abuse and neglect

RECIPIENT: Dr. Michelle C. Powell (Medical Providers) of Powell Health Solutions, Corporation

SEND TO:

16400 NW 2<sup>ND</sup> Avenue, #100, Miami, FL 33169 OR Fax: 786-329-7223

TERM: This Authorization will remain in effect: (Check One)

- From the date of this Authorization until the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_
- Until Dr. Michelle Powell and/or Associates fulfills this request,
- Until the following event occurs:  
\_\_\_\_\_

Signature \_\_\_\_\_