

## Patient Authorization

Florida law requires patient authorization for disclosure of some sensitive health data with certain exceptions in medical emergencies. An authorization form can be used by a patient or his/her authorized legal representative to authorize a healthcare provider to obtain the patient's records from another provider. It may be used by providers participating in health information exchanges as applicable.

## Florida Electronic Health Records Exchange Act

[Chapter 2009-172, Laws of Florida](#)

The Florida Electronic Health Records Exchange Act (Chapter 2009-172, Laws of Florida) directed the Agency to develop universal patient authorization forms in both paper and electronic formats which may be used by a health care provider to document patient permission for the disclosure and use, in any form or medium, of an identifiable health record. The Agency adopted rules and forms which became effective on July 28, 2010.

## Patient Authorization Rule

Rules 59B-16.001 and 59B-16.002 provide for the incorporation by reference of the Universal Patient Authorization Form for Full Disclosure of Health Information for Treatment and Quality of Care, the Universal Patient Authorization Form for Limited Disclosure of Health Information and accompanying instructions. The universal patient authorization forms, properly completed, must be accepted by a provider as valid authorization to release an identifiable health record. The forms provide instructions for completion that must be met to create the rebuttable presumption that the release of the identifiable health record was appropriate as provided in s. 408.051 (4) F. S.

### Rule Title:

### Rule No:

Definitions

[59B-16.001](#)

Universal Patient Authorizations Forms [59B-16.002](#)

## Patient Authorization Forms

[Universal Patient Authorization Form for Full Disclosure of Health Information for Treatment and Quality of Care](#)

[Universal Patient Authorization for Limited Disclosure \(.pdf 298KB\)](#)

[Universal Patient Authorization for Limited Disclosure - Spanish \(.pdf 302 KB\)](#)

## **Questions and Answers on Patient Authorization Forms**

[For Health Care Providers](#) (.pdf 392 KB)

[For Patients](#) (.pdf 368 KB)