Children's Orthopaedic & Scoliosis Surgery Associates

Authorization To Release Patient Health Information

ShareCare Imaging Solutions has been contracted by C.O.S.S.A. to fulfill all medical record requests
For questions or inquiries, contact ShareCare Customer Care 1-877-548-4069

St. Petersburg · Tampa · Lakewood Ranch | Phone: (727) 898-2663 · Fax: (727) 568-6836

Patient Full Name: _____DOB: _____

I hereby authorize the release and disclosure of the specific health information listed below to:

Name (Individual or Organization): _____

Send by: ☐ **Secure Electronic Delivery (Preferred)** ☐ **Mail** ☐ **Fax**

☐ **Unencrypted Email (Patient Request Only- initial below)**

Email Address: _____

Patient Request for Unencrypted Email Delivery

I understand that electronic mail transmitted without encryption may not be secure and could be intercepted, accessed, or viewed by unauthorized individuals during transmission. By selecting unencrypted email delivery, I acknowledge and accept the risks associated with this method of communication, including but not limited to:

- Unauthorized access to my protected health information (PHI);
- Loss of privacy or confidentiality;
- Delivery to an unintended recipient due to email forwarding, mistyped addresses, or security vulnerabilities;
- Storage of my medical records on email servers or devices that may not be protected.

☐ Initials

I understand that COSSA recommends secure methods of transmission whenever possible. By initialing here and signing below, I specifically request that my records be transmitted via unencrypted email and release COSSA, its workforce members, agents, and business associates from liability associated with the unauthorized access, interception, or disclosure of information resulting from my request for unencrypted electronic transmission.

For the release of:

☐ Office Notes ☐ Disc of X-Rays ☐ Operative Reports

Date Copy of C.O.S.S.A. records are needed: _____

Note: Allow 5-7 business days for medical records requests to process. If you are requesting x-rays or records for legal files, there is a charge. Please have your attorney put in a request. Please call ShareCare Customer Care for more details and associated costs.

Reason for Records:

☐ Second Opinion ☐ Bracing ☐ Legal ☐ Insurance ☐ Personal ☐ Other: _____

Patient's Signature _____ Date _____
(Required for all patients 18 years and older.)

Parent/Guardian Signature _____Date _____
(Required for all patients under the age of 18 unless otherwise allowed by law.)

Medical Records Fulfillment Process

COSSA utilizes Sharecare, an authorized medical records fulfillment vendor, to process and fulfill requests for medical records. Medical records requests are not routinely processed by COSSA staff.

All requests for copies of medical records, imaging reports, office notes, and other protected health information will be forwarded to Sharecare for processing. Sharecare is responsible for validating requests, fulfilling records requests, collecting any applicable fees, and maintaining compliance with federal and state release-of-information requirements.

Requests requiring immediate treatment purposes, continuity of care, or other exceptional circumstances may be handled differently at COSSA's discretion and in accordance with applicable laws and regulations.

- *This consent is subject to revocation at any time, in writing, but may not be revoked to include the release allowed by this document. Unless otherwise specified, this authorization will be valid for a period of six (6) months following the date of signature.*
- *I understand that my treatment or continued treatment by COSSA and its affiliates is no way conditioned on whether or not I sign the authorization and that I may refuse to sign it.*
- *I understand that under the applicable law the information used or described pursuant to this authorization may be subject to redisclosure by the recipient and no longer subject to the protections of the privacy standard.*
- *I understand that I may inspect or copy the information that is used or disclosed.*