



5103 N. Armenia Ave
Tampa, FL 33603
(813)877-2333

8588 Starkey Rd, Ste C
Largo, FL 33777
(727)392-7734

7442 N. Tamiami Trl, Ste B
Sarasota, FL 34243
(941)359-9711

Medical Records Release

(Name of Patient)

(Birthdate)

Authorizes: _____

Release of Records to: _____

(Name of Physician)

(Name of Physician)

(Name of Health Care Facility)

(Name of Health Care Facility)

(Street Address)

(Street Address)

(City, State, Zip Code)

(City, State, Zip Code)

Information to be Released:

- | | | |
|--------------------|---------------|-----------------|
| All Clinic Records | Visual Fields | Lab Reports |
| Office Notes | X-Ray Reports | Other (Specify) |
| Photographs | | |

List other facilities records to be included when releasing for the purpose of continuing medical care:

For the Following Dates: _____

Purpose or need for disclosure: (check applicable categories)

- | | | |
|---------------------------|--------------------------------------|---------------------|
| Further medical care | Payment of insurance claim | Legal investigation |
| Application for insurance | Vocational rehabilitation evaluation | Personal |
| Disability determination | Other (Specify) _____ | |

I understand that this authorization shall be valid for one (1) year unless otherwise stated below or revoked through written notice to Medical Records.

(Alternate date if not (1) year)

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the person(s) or entity listed below.

I understand that you will provide this information within 15 days from receipt of request and that a fee for preparing and furnishing this information may be charged.

Signature of Patient/Parent: _____ Date: _____
(If signed by person other than patient, state relationship and authorization to do so)

Patient is:	Minor	Incompetent	Disabled	Deceased
Legal authority:	Legal	Legal guardian	Next of kin deceased	