

OB-GYN CARE GROUP

2830 Casa Aloma Way

Winter Park, FL 32792

407-644-9730

FAX: 407-645-4799

Medical Records Release

Patient Name: _____ SS# _____

Date of Birth: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

The type and amount of information to be used or disclosed is as follows: (include dates where appropriate).

Complete health records Lab results/X-ray reports
 Physical exam Consultation reports
 OP Report
 Other (please specify: _____)

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

Release records to: _____ Receive records from: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

_____ I understand that I have a right to revoke this authorization at any time and must be done in writing. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. I understand this authorization will expire in sixty days, and any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules.

_____ I understand that in some situations there may be a fee for medical records. I understand this fee is required prior to or at the time the records are released.

_____ I understand OB/GYN Care Group requires 72 hours notice when releasing medical records.

Signature of patient or legal representative

Signature of witness

Date: _____

Date: _____

PLEASE NOTE: This information has been disclosed to you from confidential records protected from disclosure by state and federal law. No further disclosure of this information should be done without specific, written and informed release of the individual to whom it pertains or as permitted by state law (ORC – 3701.243) and federal law 42 CFR, part II.