



Authorization for Release of Medical Records

Patient Name: _____ DOB: _____

From: _____
(Health Care facility releasing information)

To: **FSU PrimaryHealth™**
(Name of institution or individual receiving information)
2911 Roberts Ave
(Street Address)
Tallahassee FL 32310
(City) (State) (Zip)

Information to be disclosed:

From (Date) _____ To (Date) _____

<input type="radio"/> Discharge Summary	<input type="radio"/> EKG/EEG Reports	<input type="radio"/> Radiology Images
<input type="radio"/> History and Physical Examination	<input type="radio"/> Emergency Room Record	
<input type="radio"/> Operative Report	<input type="radio"/> Clinic Notes	
<input type="radio"/> Pathology Report	<input type="radio"/> Behavioral Health Information	
<input type="radio"/> Laboratory Results	<input type="radio"/> Physical/ Occupational Therapy Notes	
<input type="radio"/> X-ray Reports	<input type="radio"/> Prenatal (Pregnancy) Records	
<input type="radio"/> Other (please specify) _____		

Purpose of Release: Medical Care Transferring Care Personal Records Attorney
 Other _____

This Statement of Consent can be revoked at any time before disclosure of information, and expires on _____. If no expiration date or identifiable event is listed, then authorization expires 12 months after it is signed.

I understand that I may revoke this authorization at any time by notifying the providing organization in writing. Revoking the authorization will not have any effect on actions taken prior to revocation.

I understand that the individual/ institution that receives the information described above, may not be covered by federal privacy regulations, and that the information may be disclosed publicly and no longer be protected by those regulations.

(Signature of Patient)

(Signature of Parent, Guardian, or Authorized Representative)

(Date)

(Print Name)

(Relationship of above person to patient)

Note:
Please fax all records to: (833) 606-0153

Or mail: *FSU PrimaryHealth*
2911 Roberts Avenue
Tallahassee, Florida 32310