RECORDS RELEASE

This form must be filled out in its entirety before we can comply with record requests.

Florida state law requires all patients requesting the release of their medical records to give permission in writing. Permission to release HIV related records to any person, company or institution must also be specifically requested in writing.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you transferring your care out of our office? Yes No

CHECK WHICH APPLIES:

* By completing this form, I authorize the release of my medical records, including any HIV test results, from Lincoln Road Dermatology.
* If you only require specific reports or results or would not like to have your HIV status disclosed, please specify below:

Please release the records to: **(SELECT ONE)**

 Myself

 Other third party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I would like my records to be:

 Picked up in person at the office\*

 Faxed to (\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

 Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

* A medical release form can be used, or you can write a letter with all of the appropriate information. Faxes are accepted for patient requests, as long as your signature can be validated. NO emails or telephone/verbal requests can be made. We get your signature for your protection.
* Patients are the only ones who can authorize release of records—not spouses, grown children or friends, unless they have power of attorney which must be on file.
* Requests for medical records may take up to 30 days to process.
* The State of Florida has set out a fee schedule of charges for medical records. We determine our charges based on this fee schedule. We may waive fees under certain circumstances. Reasonable fees may apply to offset costs associated with your request including but not limited to supplies, mail costs, administrative overhead or other associated costs.