Florida Digestive Health Specialists

MEDICAL RECORDS RELEASE

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Date _____

Patient Name _____ Date of Birth _____

Recipient ❑ Hospital ❑ Physician ❑ Self ❑ Other _____

Method ❑ Email ❑ Fax ❑ Mail ❑ Patient Portal ❑ Pick-up at office

❑ Release all records

❑ Release only the records from the period between _____ and _____

Recipient contact information (complete all applicable information)

Name _____

Address _____

Phone _____ Fax _____

Email _____

Requestor information (if not the patient) Relationship to patient _____

Name _____

Requestor's Signature _____ Date _____

Under Federal law, a patient may request a copy of their her medical records. A fee may be charged for this service in accordance with State law. FDHS follows Florida Rule 6488-10.003 regarding charges for medical records. For the first 25 pages, the cost shall be $1.00 per page. Pages in excess of 25, the cost shall be 25 cent each. Other fees may apply to records exceeding 100 pages deliverable in PDF format.

I hereby authorize Florida Digestive Health Specialists (FDHS) to use or disclose/dispense my health information to the person(s) or organization listed above. I understand this authorization is valid for 60 days. I understand that I have the right to revoke this Authorization at any time. I understand that the revocation will not apply to information that has already been released in response to or in reliance upon this Authorization. I understand that I need not sign this Authorization to ensure health care treatment, payment, enrollment in my health plan, or eligibility for benefits. Further, I acknowledge that the fees incurred by producing a copy of my medical records is my responsibility and will be applied to my account, payment is due at time of pickup.

Patient Signature* _____ **Date** _____

**If patient is a minor (under the age of 18), form must be signed by a parent or legal guardian.*

Fax or mail this completed form and a copy of the requestor's photo ID to your FDHS providers office. Office addresses and fax numbers may be found at www.fdhs.com/all-locations. If picking up records in person, a photo ID will be required at the time of pick-up.