1567 Hayley Lane, Suite 101 • Fort Myers, Florida 33907
(239) 337-3337 • Fax (239) 274-6610

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(239) 793-5200 • Fax (239) 514-7521

RECORDS RELEASE AUTHORIZATION

I hereby authorize and request you to release the complete history records in your possession concerning my illness and/or treatment, to include any and all records concerning HIV virus, during the period from _________________________________ to _________________________________.

TO BE RELEASED FROM:

Name
Address
City/State/Zip Code
Telephone/Fax No. Tel. Fax No.

SEND TO:

Name
Address
City/State/Zip Code
Telephone/Fax No. Tel. Fax No.

Patient Name: ____

Address: ____

City/State/Zip Code: ____

Birth Date: ______________________________

Patient's Signature: ____

Date: _____________ **Witness:** _______________________________________

This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying, or distribution of this information is prohibited. If you have received this message by error, please notify the sender immediately to arrange for return or destruction of these documents.

CONFIDENTIALITY NOTICE
CONFIDENTIAL HEALTH INFORMATION ATTACHED

Protected Health Information is personal and sensitive information related to an individual's health care. It is being transmitted to you by facsimile after appropriate authorization from the patient or under circumstances that do not require patient authorization. You as the recipient are obligated to maintain this information in a safe, secure, and confidential manner. Re-disclosure of this information, without additional patient consent or as permitted by law, is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

Medical records released directly to patients will incur a charge of $1.00 per page for the first 25 pages ($.25 for each additional page).