

Dr. Hussamy has partnered with Sharecare Health Data Services for your Medical Record Needs!

Sharecare Health Data Services is committed to providing the highest levels of Quality, Professionalism, Integrity and Responsiveness.

To initiate your Request, please complete each section of the Authorization for Disclosure of Health Information form. This form will be delivered promptly to a Sharecare Health Data Services representative for processing.

**For questions or status inquiries, Contact Sharecare Health Data Services Customer Care
(877) 548-4069**

Dear Patient:

Thank you for contacting **Dr. Hussamy's** Medical Records Department. To better serve you with your request for medical records, **Dr. Hussamy** has partnered with Sharecare Health Data Services.

Sharecare Health Data Services will fulfill your request for records in a safe, secure, and timely manner.

To receive a copy of your records, you will need to complete and return the attached Authorization form. Please make sure you have *specific* instructions included as to **what** records you are requesting and **where** you are requesting they be sent. You also have a choice of **how** you would like to have your records delivered. For records to be delivered directly to you, please choose mail or email. For records to be delivered to another doctor, please choose fax or mail. Please select only one option. *The fax delivery option may only be used for records going to a doctor. Please mail/fax/drop-off the completed Authorization form to Dr. Hussamy.*

If you choose to fax your request, please fax to 772-213-9810. Please include a copy of your Driver's License.

If you choose to mail request, please send to:

Dr. Hussamy

Attention: Medical Records
1260 37th Street, Suite 102
Vero Beach, FL 32960

For Records being sent to Another Health Care Provider

Please provide as much contact information for your other Doctor, including the address, phone & fax.

You can contact a Sharecare Health Data Services representative at any time by calling:

877-548-4069

Thank you,

Medical Records Supervisor

Dr. Hussamy

1260 37th Street, Suite 102, Vero Beach, FL 32960
(P) (772) 213-9800 (F) (772) 213-9810
to release my health information as noted below:

City: _____ State: _____ Zip: _____ Phone #: _____

Purpose of Request: ☐ Personal ☐ Treatment ☐ Legal ☐ Insurance ☐ Transfer ☐ Other:

Pursuant to HIPAA 45 CFR, 164.524, we reserve the right to charge a reasonable cost-based fee for producing and mailing the copies. If you want the entire medical record, the rate will increase proportionally based on the cost. At no time will the cost-based fees exceed Florida Statute: (395.3025(1))

** For non-emancipated minors under the age of 18, a parent or guardian must sign release form. If patient is unable to sign, a copy of the legal documentation for patient's representative must be supplied with a copy of this form.*