Premier OB·GYN
Caring for Women with Experience and Dedication

Phone 321-397-1212 • Fax 321-397-1213
531 North Maitland Ave. Maitland, FL 32751

RECORDS RELEASE FORM

Name: ______________________ Date of Birth: __________ Date: __________

Social Security Number: ______________________ Phone Number to reach patient: __________

PLEASE INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU:

☐ Obtain my records from my previous provider (complete the provider information below)

☐ Please mail or fax my records to: (complete the information below)

☐ Allow me to pick up my records

Please note: If you are coming in to pick up your records, want them mailed or faxed to you, or to another facility *without a referral* from our office, there is a charge of $1.00 per page for the first 25 pages and $0.25 for every page after that. **Pre-payment** is required before we can send out any records.

PLEASE COMPLETE THE FOLLOWING:

☐ Physician ☐ Self ☐ Insurance ☐ Other: ______________________

Name: ______________________ Phone: ______________________

Address: ______________________ Fax: ______________________

____

City: __________ State: _____ ZIP: _____

PLEASE INDICATE EACH THAT APPLIES:

☐ All Medical Records ☐ Office Visit Notes ☐ HIV Testing

☐ Surgical Reports ☐ Lab Results ☐ X-Rays / Ultrasounds / Radiology Reports

IF YOU ARE SENDING RECORDS OUT, PLEASE ADVISE US IF YOU ARE:

☐ Transferring out of office permanently ☐ Just seeing a 2nd Physician or Primary Doctor (PCP)

I UNDERSTAND THIS CONSENT IS REVOCABLE BY ME, IN WRITING, AT ANY TIME EXCEPT AFTER THE ACTION HAS TAKEN PLACE. I ALSO UNDERSTAND THAT THIS CONSENT WILL EXPIRE IN THIRTY (30) DAYS AFTER THE DATE OF SIGNATURE OR AUTOMATICALLY WHEN THE RECORDS REQUESTED ON THIS FORM HAVE BEEN MAILED, FAXED, OR PICKED UP TO THE ABOVE REQUESTED FACILITY. *PROHIBITION ON RE DISCLOSURE:* THIS INFORMATION DISCLOSED TO YOU FROM RECORDS FOR WHICH CONFIDENTIALITY IS PROTECTED BY LAW. ANY FURTHER RE DISCLOSURE IS STRICTLY PROHIBITED.

All requests are completed within 5 business days

Signature: ______________________ Date: ______________________