West Coast Obstetrics & Gynecology

Michele LeMay MD, Karen Matta-Toomey MD, John David Hansill MD, Rosabelle Campos MD
513 Manatee Ave E Bradenton FL 34208
Phone 941-745-1616 Fax 941-748-1897

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

NAME: _____ DOB:_____SSN: _____

I hereby authorize WESTCOAST OB GYN to **[ ] release [ ] obtain** copy of my medical records to/from:

Name:_____
Address:_____
City, State, Zip: _____
Phone No: _____ Fax:_____

Reason for requesting records:_____

The specific information I want to release:

__All medical records __Ultrasounds/Sonograms
__Labs __Mammograms/X-Rays
__Other:_____

This medical record may contain information concerning HIV/AIDS testing, diagnosis, or treatment. Separate consent must be given before this information can be released.

__ I do consent for this information disclosed.
__ I do *not* consent for this information to be disclosed.

Fees Per Florida guidelines (FL Statute 395.3025): $1.00/page if you are picking up your records or having them mailed directly to you. Records sent to other providers are no charge. **Records cannot be faxed to patients.** Please allow a minimum of 72 hours for processing.

Patient Signature:_____Date:_____
This authorization is valid for 60 days from the date it is signed.

Office use only
Records collected on date:_____Initial:_____