

PATIENT REQUEST OR RELEASE OF MEDICAL INFORMATION

SECTION I: PATIENT INFORMATION

Name:	Date of Birth:
Address	Social Security #
Phone #	

SECTION II: REQUEST FOR SPECIFIC ITEMS TO BE RELEASED

I request S.E. Perinatal Assc. (Plantation) to release the medical information identified below relating to my treatment during these dates: from _____ to _____.

<input type="checkbox"/> Cardiovascular Reports	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Pathology Report	<input type="checkbox"/> Consultation Report
<input type="checkbox"/> History & Physical	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Laboratory Results
<input type="checkbox"/> X-Ray Reports	<input type="checkbox"/> EKG Report	<input type="checkbox"/> Operative Report	<input type="checkbox"/> Complete Medical Record <i>(will not be faxed)</i>
<input type="checkbox"/> Photographs, videotapes, or other digital images	<input type="checkbox"/> Records of Prescription Medications		
<input type="checkbox"/> Other (describe) _____			

SECTION III: DELIVERY METHOD

<input type="checkbox"/> Hold record for pick-up; I personally will claim the record.	<input type="checkbox"/> Fax to this number: (NOTE: <i>Complete medical record will not be faxed</i>)
<input type="checkbox"/> Hold for pick-up by my authorized representative NAME: _____ (NOTE: <i>Your authorized representative will be asked to produce proof of positive identification.</i>)	<input type="checkbox"/> Mail to this address:

SECTION IV: DUPLICATING FEES

I understand:

- (1) there is no charge associated with having my records sent directly to another physician or provider to facilitate the continuity or transfer of my care;
- (2) if I have requested the records personally, there will be a charge to cover the costs of duplication and this charge is allowed by law. (The fee = \$1.00 per page for the first 25 pages, \$.25 for each additional page. Charges for film duplication may be higher);
- (3) this request may take up to ten days to satisfy.

_____ (initial)

SECTION V: RELEASE

I hereby release S.E. Perinatal Assc. (Plantation) and its employees from any and all liability that may arise from the release of information as I have directed.

Signature of patient or Legal Guardian

Date