MEDICAL RECORDS AUTHORIZATION FORM

PEMC of Florida, LLC

Click to fill out the electronic form: Records Request Records Release

PATIENT INFORMATION

Name:	Request Date: MM/DD/YYYY ____/____/____
Street Address:	Date of Birth: MM/DD/YYYY ____/____/____
City, State, Zip Code:	Phone:

PRACTICE INFORMATION

Pediatric Endocrine and Metabolic Center of Florida PEMC of Florida, LLC	☐ Dr. Miladys M. Palau Collazo ☐ Michelle L. Jampol, APRN
9401 SW Discovery Way, Ste 102, Port St. Lucie, FL 34987	Phone: (772) 834-7362 | Fax: **(772) 618-2024**

☐ To **REQUEST** Records from OR ☐ To **RELEASE** Records to

Contact / Physician Name:	Phone:
Office Name (if applicable):	Fax:

AUTHORIZATION

Please Indicate the purpose of this authorization: *(mark all that applies)*

☐ Further Medical Care ☐ Changing Physicians	☐ Personal ☐ Research Related Treatment	☐ Legal Investigation or Action ☐ Disclosure to a third party ☐ Other: _____

I authorize the release of the following Protected Health Information: *(mark all that applies)*

☐ Entire Record ☐ Last Visit Record ☐ Medical History, Examinations, Reports	☐ Laboratory Orders ☐ X-Ray Reports ☐ Surgical Reports ☐ Hospital Records and Reports	☐ Prescriptions ☐ Treatments or Tests ☐ MR/DD Reports ☐ Other: _____

I hereby authorize the use of disclosure of my individually identifiable health information as described. I understand that this authorization is voluntary. I understand that treatment, payment, enrollment, or eligibility of benefits may not be conditioned on my signing this authorization. I further understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information could potentially be re-disclosed and may no longer be protected by federal privacy regulations. Therefore, I release PEMC of Florida, LLC from all liability arising from this disclosure of my health information. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

PATIENT / PARENT / LEGAL REPRESENTATIVE

Name:	Relationship:
Signature:	Today's Date: MM/DD/YYYY ____/____/_____