

MEDICAL RECORDS RELEASE FORM

Authorization to Disclose Protected Health Information

DATE: _____

Patient: _____

DOB: _____

Address: _____

Phone: _____

() I authorize The Woodruff Institute to

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RELEASE INFORMATION TO:

OBTAIN INFORMATION FROM:

Ph # _____

Ph # _____

Fax # _____

Fax # _____

The information to be disclosed (if such records exist):

___ Billing Statement(s) ___ Diagnostic Imaging Report(s)

___ Clinical Record(s) ___ Laboratory Report(s)

___ Cosmetic Record(s) ___ Pathology Report(s)

___ Other: _____

Restrictions: Only medical records originated through this healthcare facility will be copied unless otherwise requested. This authorization is valid only for the release of medical information dated prior to and including the date on this authorization unless other dates are specified.

THIS INFORMATION MAY BE DISCLOSED AND USED BY THE FOLLOWING INDIVIDUAL OR ORGANIZATION:

Organization/Person The Woodruff Institute

Organization Address 2235 Venetian Court, Suite 1, Naples, FL 34109 Fax: 239-596-9466

This authorization DOES NOT apply to records related to HIV/AIDS, mental health, genetic testing, or drug/alcohol diagnosis. A separate, signed authorization form is required for those records. I understand that I may revoke my authorization at any time by making such a request in writing to The Woodruff Institute. This authorization shall expire automatically one year from the date of my signature, unless requested to end at an earlier date: _____. I also understand that once released, my protected health information may be subject to redisclosure.

I have read the above foregoing Medical Records Release and do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this authorization.

Patient/Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian signature required for minor (less than 18 years of age)

Relationship to patient (if other than self): _____

Printed name of Authorized Representative: _____

**2235 VENETIAN COURT, SUITE 1
NAPLES, FL 34109
PHONE-239-596-9337
FAX-239-596-9466**

