

Medical Records Request Policy

This form is intended for **requests to send records** to the following parties:

- Social Security Administration (SSA)
- Florida Disability Office
- Legal Counsel
- Veterans Administration (VA)
- Patients (yourself)
- Any entity that is not a provider using the records for continuing care

Free Option: Patients can view, download, and send their complete medical record **free of charge** through the patient portal.

Note: This form is **not** for sending records to a medical provider for continuing care. Use the Continuing Care Medical Records Release Form instead (no fee).

Delivery: Records are sent electronically only, by secure email or fax. Paper copies are not available.

Fees: Fees apply. Our office will confirm the amount, based on the request, before records are released. Payment is due before release.

A hand-signed (wet signature) form is required. Typed or electronic signatures are not accepted.



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Paid Medical Records Release Form

Patient Information

First Name: Date of Birth:
Last Name:
Email:
Phone Number:

Records Requested

☐ Notes ☐ Labs/Imaging ☐ Chart Documents ☐ All

Date Range: (MM.DD.YYYY Start: End:

Recipient Information

☐ Send to Myself (Patient)

Name: Email:
Fax: Phone:

Authorization and Disclaimer

By signing below, I authorize the release of my medical records as requested above. I understand that:

- This authorization is valid for one year from the date of signature.
- I may revoke this authorization at any time in writing.
- Requests incur fees under Florida law unless accessed via the patient portal.

Signature: Date:

