



MEDICAL RECORDS REQUEST

RELEASE OF PROTECTED HEALTH INFORMATION

I further release Prime MD of Naples from all legal responsibility and/or liability that may arise from the release or receipt of such records as specified above and I hereby waive all rights I have to preserve their confidentiality.

Patient Legal Name: _____ **DOB:** _____

Phone: _____

1. I hereby authorize Prime MD of Naples to OBTAIN my medical records FROM:

(facility name and address)

2. I hereby authorize Prime MD of Naples to RELEASE my medical records TO:

(facility name and address)

Dates of care to be released: _____ to _____

I would like my medical records delivered to me by: Mail _____

Pick up in office Electronic delivery (additional forms to be completed)

For the following purpose (s):

- Current treatment Personal records Insurance Workers Compensation
 Provider Transfer Attorney Other

Type of information requested

- Abstract Summary (Office Visits, Labs, Imaging, Hospitalizations for the past 2 years)
 Discharge summary Lab report History & Physical Consultation
 Operative report Radiology Cardiology Office Notes Physician Orders Immunizations
Medication List
 Other (specify) _____

Andre Nye, MD, Cosmina Popa, MD
www.primemdofnaples.com
2515 Northbrooke Plaza Dr., Ste 200, Naples, FL
P: 239-325-6955



I further agree to pay fees charge to provide the information requested. I understand that fees are within the fee allowed by Florida Law.

Pursuant to Florida Statute 395.3025 The exclusive charge for copies of patient records may include sales tax and actual postage, and except for non-paper records, (microfilm) which may not exceed \$1.00 per page, as provided in S.28.48(8)(A). A fee of up to \$1.00 may be charged for each year of records requested. These charges shall apply to all records furnished, whether directly from the facility or from a copy service providing these services on behalf of the facility. However, a patient whose medical records are copied and/or searched for the sole purpose of continuing his/her medical care will not be required to pay any associated copying charges.

Consent to Minors: Minors are permitted to consent to medical care and treatment in the following situations. Thus, the parents are not entitled to the minor's medical information without written consent of the minor, a valid subpoena or court order.

1. A minor who is, or has been, married
2. An unwed pregnant minor consenting to the performance of medical or surgical care or services relating to her pregnancy.
3. An unwed minor mother consenting to the medical or surgical care or services of her child
4. A minor seeking voluntary substance abuse impairment services.
5. A minor consenting to the examination and treatment of a sexually transmitted disease
6. A minor receiving contraceptive information or services.
7. A minor with a court order removing the disability of nonage
8. Unless a parent objects in writing, any minor who has reached the age of 17 years may give consent to the donation, without compensation therefore, of his blood and to the penetration of tissue which is necessary to accomplish such donation.

Patient Initials: _____

The fees are waived only if the copies are forwarded to a physician office and/or health care providers

The following types of information WILL BE INCLUDED UNLESS denoted by a check mark and your initials here: _____

- Drug and/or alcohol treatment Psychiatric Abuse/sexual abuse Sexually transmitted disease
- HIV (AIDS) testing/treatment

This authorization expires 1 year from the date of signature, or on: _____

Signature of patient: _____ Date/Time: _____

If the legal representative, sign below and state relationship and authority to do so and attach a copy of the document of authority.

Legal Representative: _____ Authority _____

Custodial Parent/Guardian: _____ Date/Time _____

Prime MD of Naples will not condition treatment, payment, enrollment in a health plan or eligibility for benefits on the individual providing authorization of the requested use as stated above. This authorization may be revoked except to the extent that action(s) have been taken as outlined by this authorization. The revocation must be in writing according to Prime MD of Naples policy and procedures outlined in our Statement of Privacy Notices. Information used/disclosed pursuant to the authorization may be subject to re disclosure by the recipient and no longer protected by Federal Privacy Rules.

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