
Records Release Authorization

RELEASE TO: _____

RELEASE FROM: _____

Fax # _____

Include fax # if you would like the records faxed

FEEES FOR COPYING RECORDS

Emailing of records is free. After January 19, 2018 the fees are below. There is a charge for PRINTED records

\$1.00 per page up to 25 pages. Over 25 pages, \$.25 per page

This records release authorization must be signed and paid before records can be copied and faxed or emailed.

20 Working days are required to process records. Errors or omissions WILL cause delays.

I hereby authorize and request release of the following:

- ___ A copy of the most recent doctor notes, lab work and scans
- ___ Complete chart including reports from scans and medications
- ___ Highly sensitive material concerning psychiatry evaluations
- ___ Other: _____

Patient Name: _____

SS#: _____

Address: _____

DOB: _____

Signature: _____

Date: _____

Email a scanned copy or a smart phone pic of this signed release to

sugar@bestendo.com

Email Policy - PHI

Consent for Email Communication

Email and text messaging allows Orlando Diabetes and Endocrine Specialists, P.A. to exchange information efficiently for the benefit of our patients. At the same time, we recognize that email messaging is not a completely secure means of communication because these messages can be addressed to the wrong person or accessed improperly while in storage or during transmission.

If you would like us to send you email that contains your health information, please complete and sign this Consent below.

PLEASE PRINT CLEARLY. IF WE CAN NOT READ THIS WE CAN NOT EMAIL TO YOU.

Name (please print)

Date of Birth

Last 4 of your SSN

Email address WHERE WE may send YOU your health information (please print)

Print and Sign or Add electronic signature

Date