



**REQUEST FOR RECORDS/PHI FROM PREVIOUS PROVIDER**

**TO PATIENT: PLEASE SEND SIGNED/COMPLETED FORM TO YOUR PREVIOUS PHYSICIAN**

**PLEASE PRINT:**

Patient's Name: \_\_\_\_\_ DC MRN #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Appointment Scheduled: \_\_\_\_\_

**PREVIOUS PHYSICIAN:** Dr. \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

I request and authorize you to release any information which you may have relating to treatments and examinations, including substance abuse, mental health, or communicable diseases, which may be contained in my medical record (e.g. HIV, TB, STD), for the purposes of treatment, payment, and/or healthcare operations.

**Specific Information to be released:** (check)

- Immunization/Medication Record     GI Records     GYN Records     Surgical Records
- Imaging Records     Pathology     Cardiology Records     Labs
- Other: \_\_\_\_\_

**PLEASE RELEASE TO:** Dr: \_\_\_\_\_

Diagnostic Clinic - Largo  
1301 2nd Avenue SW  
Largo, FL 33770

FAX # \_\_\_\_\_

**Please mail records if more than 10 pages.**

I acknowledge that I have the right to revoke this authorization in writing to the extent that a covered entity has not already relied upon the patients' consent to disclose the PHI. This authorization remains in force until revoked. I understand the PHI disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by HIPAA Privacy Rules. I understand that there may be a fee for the costs of copying/ mailing associated with this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by other than patient, relationship to patient and authority:

\_\_\_\_\_ Print Name: \_\_\_\_\_  
Relationship/Authority

**This request is an exchange of health information between healthcare providers for treatment, payment, or healthcare operations, therefore a HIPAA compliant release is not required (HIPAA 164.506).**