



Medical Records Release Form

7955 Spyglass Hill Road, Ste A
Melbourne, FL 32940-8563
Ph: 321.255.6670 / Fax: 321.242.2545

Patient Name: _____

SS #: _____ Date of Birth: _____

I hereby authorize: _____ to release the following information on my behalf:

- Entire Medical Record: from: _____ to: _____
Demographic information
Insurance Information
Partial Medical Record: from: _____ to: _____
Dictated Notes/Reports
Radiology reports
Lab Work
Medications Prescribed
Other

FEES FOR COPIES

For Personal Use (records released directly to patient): \$1.00 per page up to 25 pages. Over 25 Pages \$.25 cents per page (per Florida law)
For Continuing Care (doctor to doctor): No Charge
For Work Comp: \$.50 cents per page
For Personal Injury: \$1.00 per page up to 25 pages. Over 25 pages \$.25 cents per page (per Florida law)

Patient/Legal Representative Signature Date Witness Signature Date
If not signed by the patient, list title of legal representative:

(Validation of legal representative must be in patient chart)

Please send the selected information to one of the following:

Our office:
Fax# 321-255-1996

Mailing Address: _____
Home phone: _____



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I understand these records may contain information from other health care providers, as well as information which is administrative in nature. This information will be given only to those specified on this form and only through the expiration date stated below. I also understand I have the right to revoke this authorization at any time through written notice and that written notice must include 1) the patient's name, social security number and date of birth, 2) make reference to this specific authorization and the name so those authorized by this form to receive information, 3) a statement that the patient wants to revoke this authorization, the effective date of revocation, and the signature of the patient or a legal guardian.

I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

This authorization will expire six months from the date specific above.