

PCCC/RDC/NDC/EDC/NCCC of Volusia

P: 386-423-0505 F: 386-423-0515

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ DOB: _____

Medical Records Request

I hereby authorize *PCCC/RDC/NDC/EDC of Volusia* to request patient information from:

Name/Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Information to be released:

- | | | |
|--|---|------------------------------------|
| <input type="radio"/> Clinic Notes | <input type="radio"/> Lab Reports | <input type="radio"/> All Records |
| <input type="radio"/> History & Physical | <input type="radio"/> Radiology Reports | <input type="radio"/> Other: _____ |
| <input type="radio"/> Medication List | <input type="radio"/> Last 3 Years | _____ |

Medical Records Release

I hereby authorize *PCCC/RDC/NDC/EDC of Volusia* to release patient information to:

Name/Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Information to be released:

- | | | |
|--|---|------------------------------------|
| <input type="radio"/> Clinic Notes | <input type="radio"/> Lab Reports | <input type="radio"/> All Records |
| <input type="radio"/> History & Physical | <input type="radio"/> Radiology Reports | <input type="radio"/> Other: _____ |
| <input type="radio"/> Medication List | <input type="radio"/> Last 3 Years | _____ |

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. I understand that specific information to be released may include, but is not limited to, history, diagnoses, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including HIV and AIDS. I understand that I may withdraw this consent at any time.

Patient Signature: _____ Date: _____

NOTICE: If you have received this communication in error, please notify us and return the original message. This information is confidential and intended only for the use of the above named. If the reader of this message is not the intended recipient, you are hereby notified that the use or copying of the information is strictly prohibited. Thank you. Expires 3 years from date listed above.