

Jupiter Family Healthcare

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AUTHORIZATION TO RELEASE MEDICAL INFORMATION FROM JUPITER FAMILY HEALTHCARE

(Please print clearly)

Patient Name: _____ [] Female [] Male

Social Security Number: _____ Date of Birth: _____

I request the following medical information to be released from Jupiter Family Health Care:

- All health maintenance, physical examination, and progress notes.
- All laboratory tests (including HIV/AIDS Tests, laboratory reports, and notes) *these can not be faxed
- All radiology reports
- All pathology reports
- All immunization records
- All special procedures reports
- Other specific information: _____

To: _____

From the following dates: _____

- For the purposes of:
- New primary care physician
 - Continuity of care with primary care physician up north
 - Continuity of care with specialist
 - Other _____

6458-10.003 Costs of Reproducing Medical Records.

(1) Any person licensed pursuant to Chapter 458, Florida Statutes, Required to release copies of patients medical records may condition such release upon payment by the requesting party of the reasonable costs of reproducing the records.

(2) Reasonable costs of reproducing copies of written or typed documents or reports shall not be more than the following:

(a) For the first 25 pages, the cost shall be \$1.00 per page.

(b) For each page in excess of 25 pages, the cost shall be \$0.25

(c) Reasonable costs of reproducing X-rays, and such other special kinds of records shall be the actual costs. The phrase "actual costs" means the cost of the material and supplies used to duplicate the record, as well as the labor costs and overhead costs associated with such duplication.

Date

Signature

Date

Witness Signature

