

CONSENT FOR RELEASE OF MEDICAL RECORDS

Patient's Name: _____ Date of Birth: _____

Social Security Number: _____ Male Female

I request and authorize the following individuals to release healthcare information to Wellness First.

NAME: _____ SPECIALITY: _____ PHONE #: _____ FAX #: _____

To: Holly W. Hadley, MD • C. Danielle DiPiero, DO
13901 US Highway One, Suite 4
Juno Beach, FL 33408
Phone (561) 491-4666 • Fax (561) 630-0336
Direct Messaging (for CCDA files/TOC documents): admin@wellnessfirst.e-mdsdirect.com

This request and authorization applies to:

Healthcare information relating to the following treatment, condition or dates: _____

ALL healthcare information (May be limited to dates of service from _____ to _____)

Other _____

Yes No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

Yes No I authorize the release of any records regarding drug, alcohol or mental health treatment to the person(s) listed above.

For purposes of: Assisting the above recipient in coordination of my health care Transfer of care

I UNDERSTAND THAT THIS INFORMATION WILL NOT BE RELEASED TO ANY ADDITIONAL PARTY WITHOUT PROPER AUTHORIZATION OR THE PROPERLY SIGNED COURT ORDER OF AN APPROPRIATE JUDGE. THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE OF THE SIGNATURE. I UNDERSTAND THAT I CAN REVOKE THIS AUTHORIZATION AT ANY TIME BY WRITING TO THE HEALTH CARE PROVIDER ABOVE, BUT THAT REVOKING THIS AUTHORIZATION WILL NOT AFFECT DISCLOSURES MADE OR ACTIONS TAKEN BEFORE THE REVOCATION IS RECEIVED.

Signature of Patient or Legal Guardian

Relationship to Patient

Print Name of Legal Guardian, if applicable

Date

Note: This information has been disclosed to you from records whose confidentiality has been protected by federal and state law. You are prohibited from making further disclosures of such information without specific consent of the person to whose such information pertains or as otherwise permitted by state law