



**Salei Primary Care Inc**  
2100 E Hallandale Beach Blvd Suite 302  
Hallandale Beach, FL 33009  
Phone: (954) 998-3990 • Fax: (518) 263-0113

**Authorization for the Release of Medical Records**

Patient Identification:

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ DOB: \_\_\_\_\_

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

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

Released from:

Name of provider/organization: \_\_\_\_\_

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

Phone/Fax: \_\_\_\_\_

I authorize the above provider/organization to release protected health information to Salei Primary Care Inc. This may include information pertaining to mental health, alcohol or drug use, and HIV status. This authorization may be rescinded at any time.

Specific information to be disclosed:

- Problem List or Patient Summary Page
- Record of Immunizations
- Office notes from the past two years
- Diagnostic studies (lab, radiology, etc.) from the past two years
- Medication list
- Health Maintenance page or records of health maintenance testing
- Any available disease management flow sheets
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient or Legal Guardian, if applicable