



**URGENT
CARE**

1702 Ohio Avenue Lynn Haven, FL 32444

Ph: 850-571-5844 Fax: 850-571-5845

Release of Protected Health Information Authorization

Patient Name: _____

Date of Birth: _____ **Social Security #:** _____

Records Needed No Later Than: _____

I authorize Coastal Urgent Care to release copies of my records, as marked below, to:

_____ **Complete medical records**

_____ **Office Visit Notes for the past year only**

_____ **Specific Information Only** _____

Patient's Signature

Date