COASTAL 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 #_____

I authorize the following Provider/clinic to release my medical records as checked below to Coastal Urgent Care. Please mail or fax my records as soon as possible.

Clinic/Provider Name :_____

Address: _____

_____

Phone #: _____ Fax #: _____

_____ Complete medical records

_____ Medical Records for the past year only

_____ Specific records only: _____

_____

_____

_____ _____

Patient's Signature **Date Signed**