



Allyson Bagenholm, M.D.
Diplomate American Board of Family Medicine

**CONSENT TO RELEASE /
OBTAIN MEDICAL RECORDS**

Date: _____ **Patient Name:** _____ **Date of Birth:** _____
(Print Name)

I hereby authorize **Dr. B Medical PLLC** to:

_____ **RECEIVE** from _____ **RELEASE** to, copies of my medical records:

Dr./Clinic: _____

Phone: _____ **Fax:** _____

Send *ONLY* the following records:

- _____ **Visit Notes** *(including immunization records, if available)*
- Lab Results** **EKGs**
- Other Testing / Pathology Reports:** _____

Other: _____

Purpose of Consent - By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment and healthcare operations.

Notice of Privacy Practices - You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our Notice provides a description of our treatment, payment activities and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised notice.

Right to Revoke - You will have the right to revoke Consent at any time by giving us written notice of your revocation. Please understand that revocation of this Consent will not affect any action that we took before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent. I have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent Form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment and healthcare operations.

Patient Signature _____

Fax: (561) 430-3590

Phone: (561) 757-5530

1905 Clint Moore Road, #202, Boca Raton, FL 33496

**IF NO RECORDS ON FILE,
PLEASE INDICATE HERE
AND FAX BACK.**
Thank you