

First

Middle

## MEDICAL RECORDS REQUEST FORM

Last

Last	1 1131	muaie
e:	Date of Birth:	
☐ All medical records.		
owing boxes:		
Lin accessing or obtaining a copy o	of requested information relating t	to the time period
•	<ul><li>☐ All medical records.</li><li>☐ A copy of the requested information owing boxes:</li></ul>	actice provide me with (please check all boxes that apply)  All medical records.  A copy of the requested information checked below.  owing boxes:

I understand that any information provided to me pursuant to this request will not include (i) information compiled in reasonable anticipation of (or for use in) a civil, criminal or administrative proceeding or as may otherwise be required by applicable law, or (ii) if I am a parent or legal guardian requesting access to a minor's information, records related to certain categories of treatment as required by law (for example, a minor's treatment for venereal disease, the performance of an abortion operation, or care and treatment to which the minor is permitted to consent without needing to obtain his/her parent's/guardian's consent first and has so consented, for example, HIV testing, STD diagnosis and treatment, chemical treatment, prenatal care, care received by a married contraception and/or family planning services).

I understand that the Practice may deny this request under limited circumstances permitted by federal regulations governing the protection of personally identifiable health information. I further understand that, except as otherwise permitted under applicable federal law, I have the right to have a denial of my request reviewed by a licensed health care practitioner selected by the Practice who did not participate in the Practice's decision to deny my request. If my request is denied again, I understand that I have the right to have such denial reviewed by a medical record access review committee appointed by the Commissioner of the Department of Health of the State of Florida.

I understand that the Practice will notify me of its decision to approve or deny my request to access or obtain a copy of the Requested Information within thirty (30) days of receiving this request if the information is maintained or accessible onsite at the Practice or within sixty (60) days if the Requested Information is not maintained or accessible onsite at the Practice. If the Practice is unable to comply with my approved request within the applicable time limit, it may extend the applicable deadline for up to thirty (30) days by notifying me in writing.

I would prefer to:	
<ul> <li>pick-up the requested information at a mutually agreeable</li> <li>have a copy of the Requested Information mailed to me a</li> </ul>	-
:	:
Signature of Patient (or Personal Representative)	Date
:	:
Printed name of Personal Representative	Relationship to Patient
□ CD copy for free	
□ \$1.00 per page	

After you have completed this form please return it to our office. You may also fax it directly to our office.

☐ After 25 pages, \$0.25 per page

AVENTURA	BOYNTON BEACH	JUPITER
21110 Biscayne Boulevard, Ste 203	1485 Gateway Blvd, Ste 102	3889 Military Trail, Ste 101
Miami, FL 33180	Boynton Beach, FL 33426	Jupiter, FL 33458
Phone: (305) 948-9595	Ph: (561) 572-3227	Phone: (561) 932-0995
Fax: (305) 948-9292	Fax: (561) 572-3228	Fax: (561) 932-0997
PALM BEACH GARDENS	PORT ST. LUCIE EAST	PORT ST. LUCIE WEST
9089 N. Military Trail, Ste 37	9109 S US 1 Hwy, Ste 101	672 SW Prima Vista Blvd, Ste 101
Palm Bch Gardens, FL 33410	Port St Lucie, FL 34952	Port St. Lucie, FL 34983
Phone: (561) 340-3595	Phone: (772) 398-1305	Phone: (772) 905-2555
Fax: (561) 340-3594	Fax: (772) 398-1307	Fax: (772) 336-8153
WELLINGTON - DR. AVNI	WEST PALM BEACH	RIVIERA BEACH
1395 State Rd 7, Ste 420	944 S. Military Trail Suite-B	3514 Broadway Suite-B
Wellington, FL 33414	West Palm Beach, FL 33415	Riviera Beach, FL 33404
Phone: (561) 204-4687	Phone: (561) 781-8080	Phone: (561) 781-8060
Fax: (561) 204-4694	Fax: (561) 781-8088	Fax: (561) 781-8066
KISSIMMEE	PBG-NORTHLAKE	MARGATE
819 North Central Ave	4074 Northlake Blvd.	6101 Atlantic Blvd.
Kissimee,FL 34741	Palm Beach Gardens, FL 33410	Margate, FL 33063
Phone: (407) 288-8242		
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