Women's Care Florida
OBSTETRICS & GYNECOLOGY ASSOCIATES
Since 1988

Exceptional Women's Care for Every Patient, Every Time

116 Parsons Park Drive Brandon, Fl. 33511 (813) 681-6625 Fax (813) 699-1032
125A N Moon Avenue Brandon, Fl. 33510 (813) 643-6690 Fax (813) 643-6930
1503 W. Reynolds Street Plant City, Fl. 33563 (813) 752-4103 Fax (813) 759-6166
13149 Elk Mountain Drive Riverview, Fl. 33579 (813) 675-8326 Fax (813) 675-8336

AUTHORIZATION TO RELEASE OF MEDICAL RECORDS

_____
(Patient Name) (Date of Birth) (Social Security #)

_____
(Complete Address) (Phone)

THE INFORMATION IS TO BE RELEASED BY:	**AND IS TO BE PROVIDED TO:**
Name of Facility OBSTETRICS & GYNECOLOGY ASSOCIATES	Name of Facility
☐ 116 PARSONS PARK DR * BRANDON, FL 33511 ☐ 125A N MOON AVE * BRANDON, FL 33510 ☐ 13149 ELK MOUNTAIN DR * RIVERVIEW, FL 33579 ☐ 1503 W REYNOLDS ST * PLANT CITY, FL 33563	Street Address City, State and Zip Code Phone # and Fax, if possible

THE INFORMATION TO BE DISCLOSED FROM MY HEALTH RECORD:

☐ All Medical Information and Reports

OR ONLY:

☐ Other (please specify):_____

REASON FOR RECORDS (Please mark all that apply):

☐ TRANSFER OF CARE ☐ PERSONAL RECORDS ☐ F.M.L.A/DISABILITY

☐ SECOND OPINION ☐ FOR PRIMARY CARE DOCTOR ☐ INSURANCE REQUEST

☐ FINANCIAL REASONS ☐ MOVING OUT OF AREA ☐ WORKERS COMP.

UNSATISFIED WITH: ☐ DOCTOR ☐ ARNP ☐ LAB ☐ NURSES ☐ CHECK IN ☐ CHECK OUT ☐ BILLING

OTHER REASON/EXPLAIN ABOVE (use back of form for additional comments):_____

_____

All information I hereby authorize to be obtained from this facility will be held strictly confidential and can not be released by the recipient without written consent. I understand the authorization will remain in effect for ninety (90) days unless I specify and earlier date. I understand that after signing this release, there is a processing period of seven to ten business days.

_____
Signature of Patient or Person Legally Authorized to Consent for Patient *Date*

_____
Relationship to Patient (if applicable)

_____
Signature of Witness (must be an employee of OB/GYN Associates) *Date*