



OB/GYN Specialists of Brevard

Edwin B. Hayes, M.D.

Ellen Potts, ARNP

Obstetrics and Gynecology

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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS TO Edwin B. Hayes, M.D.

REQUESTING RECORDS FROM

GROUP NAME _____

NAME OF DOCTOR _____

ADDRESS _____ CITY, STATE _____ ZIP CODE _____

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PHONE NUMBER FAX NUMBER

PATIENT NAME: _____ DOB: _____

ADDRESS: _____ SSN: _____

**PLEASE ONLY SEND PAPS, MMG
REPORTS, AND ULTRASOND REPORTS
UNLESS OTHERWISE INDICATED**

OTHER: _____

I, _____, give my permission to release my complete medical records to Edwin B. Hayes, M.D., including x-rays, labs, progress notes, Doctor's notes and any other medical information needed.

PATIENT SIGNATURE: _____ DATE: _____

GUARDIAN SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

SENT BY: _____ DATE: _____

Return this document to fax number:

(321) 733-2202

*Medical records are to include any and all Federal and State protected information without limitation to include diagnosis, treatment and/or examination related to mental health related care, drug and/or alcohol abuse, HIV testing/AIDS, and sexually transmitted diseases.

*By signing this release, you understand that this authorization will remain in effect for 90 days or until revoked in writing (whichever transpires first).

*I understand that if I have requested duplication of records, I will be charged a fee of \$1.00 up to 25 pages and .25 cents thereafter. This fee may be waived for copies provided to a health care provider, insurance company or other organizations for treatment, billing or operation purposes.

* I hereby release OB/GYN Specialists of Brevard and its employees from any and all liability that may arise from the release of information as I have directed.

Confidentiality Notice:

*The information contained in the Facsimile message may be legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify the sender above and return the original message to us at the address above by the United States Postal Service. Thank you for your cooperation.

Office Use Only

Phone#:

Fax#:

Verified by:

Received By: