Newborns To Geriatrics
RIVERSIDE FAMILY HEALTH PL
Stephane Naoumoff, MD
Marze Boersma, PA-C

1395 N Courtenay Parkway
Suite 100
Merritt Island, Florida 32953
(321) 453-5252
Fax (321) 453-5152

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name_____ Date of Birth_____

SS#_____ Cell Phone_____ Other Phone_____

I authorize Riverside Family Health, PL to ☐**Obtain From** ☐**Release To**

Name:_____ Phone:_____

Address, City, State, Zip: _____

Fax:_____ Email:_____

☐ All healthcare information -OR-

☐ History and Physical ☐ Care Plan ☐ Immunizations ☐ Lab Reports
☐ Radiology Reports ☐ Pathology Reports ☐ Treatment Record ☐ Operative Reports
☐ Hospital Reports ☐ Medication Record ☐ Other (please specify)_____

____ 1 Year _____ 2 Years ____ Entire Record

Purpose:_____

and to include any Federal and state protected information under Florida Statute 394.459 (9) Psychiatric information, Florida Statute 397.501, and 396.112 Drug and/or Alcohol Abuse Information, and Florida Statute 381.004 and FAC 10D-93.064 Human Immunodeficiency Virus test result (HIV testing, AIDS, and related conditions).

I understand and direct that this authorization remains in effect for a period of twelve (12) months or until I revoke it in writing.

My treatment, payment, enrollment or eligibility for benefits will not be affected if I do not sign this authorization. If the organization or person I have authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations. I hereby release the above named medical facility, practitioner, and its employees from any and all liability that may arise from the release of this information as I have directed.

Signature: _____ Date: _____
(Patient, Parent if minor, or Legal guardian)

Witness: _____

Records will be provided to **another health care provider at no cost**. There is a copy fee for release of medical records for the patient's personal use. We will require prepayment of $1.00 per page for first 25 pages and $.25 for each additional page. Payment is required before records can be released.