



ALAFAYA WOODS FAMILY MEDICAL CENTER, P.A.

110 Alafaya Woods Blvd. • Oviedo, Florida 32765

(407) 366-3577 • (407) 366-2646 FAX

## Authorization to Obtain Medical Records

### Patient information:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Name of Facility or provider who is to release the medical information

\_\_\_\_\_  
Address and phone number

### Information to be released (check one)

The most recent 2 years of pertinent information (chart notes, labs, x-rays, and testing)

All medical records

Specific information (please specify): \_\_\_\_\_

### Patient authorization

I understand that my records may contain information regarding the diagnosis and/or treatment of HIV/AIDS, STD's, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for these records to be released.

### My Rights

I understand I do not have to sign this authorization in order to obtain health care. I may revoke this authorization in writing. To view the process of revoking this authorization, please read the privacy notice to patients posted in our facility. I understand that once the health information has reached the recipient, that person may disclose it, at which time may no longer be protected by privacy laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Patient, guardian, or authorized representative)

JEFFRY ROCKER, D.O.  
*Supervising Physician*

MICHAEL ZARILLA, P.A.  
*Licensed Physician Assistant*

LINDSEY L. GILSON, A.P.R.N.  
*Board Certified Family Nurse Practitioner*

AMANDA TATE, A.P.R.N.  
*Board Certified Family Nurse Practitioner*

STEPHANIE DIEFFENTHALER, P.A.  
*Licensed Physician Assistant*

Family Medicine • Women's Health • Annual Physicals • Ultrasounds • Lab • Minor Surgery • Children ages 6+