



5528 N Davis Hwy
Pensacola, FL 32503
Phone: (850) 208-1900 Fax: (850) 208-1950

Authorization for Release of Medical Records

Full Name: _____ Date of Birth: _____
Address: _____

Please check one of the following:

- I am authorizing another party to release my medical records to UEC.
- I am authorizing UEC to release records to another party or myself.

Please give details of the doctor and facility that we are releasing/receiving records to/from below:

(A separate form is required for each doctor's record request.)

Doctor: _____ Facility Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Please circle which of the following you authorize to disclose: (Circle all that apply.)

Entire File History and Physical Progress Notes Lab/Test Results Other: _____

Please circle the reason for disclosure:

Changing Physicians Continuing Care Specialist Insurance/Legal Other: _____

If leaving our Practice, please state reason: _____

I understand that any alcohol, drug abuse, mental health, psychotherapy, and HIV/AIDS related information, if present, will be disclosed with this authorization unless excluded here:

I understand that I may revoke this authorization, in writing, at any time, except to the extent that action has already been taken in reliance on this authorization. This authorization will remain in effect for 90 days in order to effect the purpose for which it is given unless earlier revoked in writing.

Patient (or Representative) Signature: _____ Date: _____

Please send records to UEC, 5528 N Davis Hwy, Pensacola, FL 32503

Please mail all correspondence unless specifically asked to Fax. Also include a copy of the signed release form with the records. Thank You.

CONFIDENTIALITY NOTICE: This fax transmission, AND/OR the documents accompanying it, may include confidential information belonging to the sender and protected by law. If you are not the intended recipient, you are hereby notified use or retention of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by phone and arrange for the return of this document.