[Your firm name and logo]

[Patient full name]
[Street address, city, FL ZIP] | [Phone]
[Date]
To: [Practitioner or facility name], Attention: Medical Records
[Address]
Re: Written authorization to release records, [Patient full name], born [MM/DD/YYYY]

To the records custodian,

Authorization
I, [Patient full name], give my written authorization for [Practitioner or facility name] to release my records to [Recipient name], [recipient address and phone].

Records
Please release my [office notes / test results / imaging reports / billing records / other] for care from [start date] to [end date]. Psychotherapy notes, substance use disorder program records covered by 42 CFR Part 2 and SUD counseling notes are not part of this request.

Hospital or facility records (optional)
I consent under section 395.3025 of the Florida Statutes to the release of my patient records held by [hospital or licensed facility name] for the same period.

Mental health clinical records (optional)
I give my express and informed consent to release my mental health clinical records from [facility] for the same period. Initials: [ ]

Purpose
These records are needed for [at my request / my insurance claim (number) / my legal matter with (firm)].

End date
This authorization ends on [date] or when [event] occurs, whichever is first.

What I understand
I may cancel this authorization by writing to you, but not for records already released in reliance on it, and, if I signed it to obtain insurance coverage, other law may still let the insurer contest a claim under the policy or the policy itself. You will not condition my treatment, payment, enrollment or eligibility for benefits on my signing. Records released to the recipient could be shared again and lose federal privacy protection.

Signing for the patient (optional)
I am signing as the patient’s [guardian / health care surrogate / personal representative of the estate]. A copy of the document giving me that authority is enclosed.

Signed,

_____
[Printed name]
Date: [MM/DD/YYYY]
Copy kept by the signer: [ ] yes