

PLANNED PARENTHOOD OF SOUTHWEST & CENTRAL FLORIDA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

DATE: _____

I hereby request and authorize Planned Parenthood:

- 736 Central Avenue, Sarasota, FL 34236 (941) 953-4060 ~ Fax: (941) 366-1899
- 1105 53rd Ave. East, Suite 201, Bradenton, FL 34203 (941) 567-3800 Fax (941) 753-3804
- 8068 N. 56th St., Tampa, FL 33617 (813) 980-3555 ~ Fax: (813) 341-1111
- 8595 College Pkwy. Suite 250, Ft. Myers, FL 33919 (239) 481-9999 ~ Fax: (239) 481-9346
- 2250 E. Edgewood Dr., Lakeland, FL 33803 (863) 665-5735 ~ Fax: (863) 665-4422
- 908 Spring Lake Sq., Winter Haven, FL 33881 (863) 293-7494 ~ Fax: (863) 299-3485
- 10051 5th Street North, #109 St. Petersburg, FL 33702 (727) 898-8199 ~ Fax: (727) 898-9710

TO SEND TO: MD/Clinic _____ Phone: _____
Address _____ Fax: _____

Entire medical record or check appropriate box:

- Last annual exam information
- Pap and STI reports
- Biopsy reports
- Other (specify): _____
- Colposcopy, cryotherapy, LEEP information
- HIV test results

Except for the following which expressly may not be disclosed (if none, write "none"):

From the medical records of:

NAME _____ PREVIOUS LAST NAME (if needed) _____
(print or type)

FULL ADDRESS _____

DATE OF BIRTH _____ PHONE # _____ FAX # _____

AUTHORIZATION MADE FOR THE FOLLOWING PURPOSE:

At my request
Specify: _____

CONDITIONS OF AUTHORIZATION:

1. This Authorization will expire on (insert date or event): _____
2. I may revoke this Authorization at any time by notifying PPSWCF in writing, and it will be effective on the date notified except to the extent that PPSWCF has already acted upon such Authorization.
3. Information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations.
4. By authorizing this release of information, my health care and payment for my health care will not be affected if I do not sign this Authorization form.
5. I have been offered a copy of this signed Authorization form.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY	
Date Request Filled: _____	By: _____
Identification Presented: _____	Form of Identification: _____