



Digestive and Liver Center of Florida

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PATIENT REQUEST FOR HEALTH INFORMATION

Patient Information (Please Print)

First Name:		Middle Initial:	Last Name:	
Name at Time of Treatment (if different than above):				
Date of Birth (MM/DD/YYYY):	Phone (with area code):	E-mail (Optional):		
Street Address:	City:	State:	Zip:	

What records do you want? (Check appropriate blanks below):

Date(s) of Service: _____ through _____.
 _____ Office Visit Summary _____ Operative/Procedure Reports _____ Billing Records _____ All
 _____ Test Results (X-Rays, Lab/Pathology Results). Please specify: _____
 _____ Other (Immunization Records, Medication Lists). Please specify: _____

How would you like your records delivered?

_____ Paper _____ Home Delivery to address below (US Mail) _____ In-Person Pickup
 _____ Electronic (Email, USB, CD, Portal, Other): Please specify: _____

Where do you want the information sent? (Fill in blanks below):

Digestive and Liver Center of Florida, should provide my records to: _____ Self _____ Personal Representative (indicated below).

Recipient Name:	Recipient Phone:
	Recipient Fax:
Recipient Mailing Address:	Recipient E-mail (if applicable):

Please print your name and sign below:

Name of Patient or Personal Representative	Relationship
Signature of Patient or Personal Representative	Date/Time

Please return completed form to: Digestive and Liver Center of Florida, 100 N. Dean Road, Suite 101, Orlando FL 32825
 Digestive and Liver Center of Florida, recognizes a patient's right under HIPAA to access copies of his/her health information. **Please allow 24 to 48 hours to process your request.** There may be a charge associated with processing a request and producing requested records.

For Office Use Only. Received Date:	Sent Date:
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An individual has a right to direct their provider to transmit their [protected health information] PHI directly to another person or entity as designated by the individual. The individual's request to direct the PHI to another person must be in writing, signed by the individual, and clearly identify the designated person and where to send the PHI. OCR Guidance 45 CFR 164.524(c)(3)



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