

Wilkinson Snowden Otolaryngology Consultants, PA

Albert H. Wilkinson, III, MD

R. Todd Snowden MD

REQUEST FOR MEDICAL RECORDS

RELEASE OF RECORDS

Patient Information:

Patient's Name: _____

Patient's Address: _____

Patient's DOB: _____ Patient's SS#: _____

Records to be sent to following address:

Physician/Facility: _____

Address: _____

Phone: _____ Fax: _____

Reason for Transfer of Records _____

Records to be received from:

Wilkinson Snowden Otolaryngology Consultants, PA
14546 St. Augustine Road, Ste 401
Jacksonville, FL 32258
Phone (904) 268-5366 Fax (904) 268-5457

ALL PATIENT INFORMATION IS CONFIDENTIAL AND PRIVILEGED

The confidentiality of patient records is protected by Federal Law. Federal Law prohibits the recipient from making any further disclosure. A general authorization for the release of medical information is not sufficient for this purpose.

As part of the medical record, the following will be released unless stricken:

- Sexual Abuse Information
- Drug and Alcohol Abuse Information
- Child Abuse and Neglect Information
- Psychiatric Information
- AIDS/HIV

I acknowledge that I have read this authorization and fully understand its contents.

Signed: _____ **Date** _____
Patient, Parent, or Guardian

Witness: _____ **Date** _____