PCCC/RDC/NDC/EDC of Volusia

P: 386-423-0505 F: 386-423-0505

Patient Name: ____

Address: ____

City: ____ State: ________ Zip Code: ____________

Phone Number: _______________________________ DOB: _______________________________

Medical Records Request

I hereby authorize *PCCC/RDC/NDC/EDC of Volusia* to request patient information from:

Name/Facility: ____

Address: _______________________________City: ______________State: _______Zip: __________

Phone: _________________________________ Fax: _______________________________________

Information to be released:

- Clinic Notes
- History & Physical
- Medication List
- Lab Reports
- Radiology Reports
- Last 3 Years
- All Records
- Other:____________ _________________

Medical Records Release

I hereby authorize *PCCC/RDC/NDC/EDC of Volusia* to release patient information to:

Name/Facility: ____

Address: _______________________________City: ______________State: _______Zip: __________

Phone: _________________________________ Fax: _______________________________________

Information to be released:

- Clinic Notes
- History & Physical
- Medication List
- Lab Reports
- Radiology Reports
- Last 3 Years
- All Records
- Other:____________ _________________

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. I understand that specific information to be released may include, but is not limited to, history, diagnoses, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including HIV and AIDS. I understand that I may withdraw this consent at any time.

Patient Signature: ___________________________________ Date: ___________________________

NOTICE: If you have received this communication in error, please notify us and return the original message. This information is confidential and intended only for the use of the above named. If the reader of this message is not the intended recipient, you are hereby notified that the use or copying of the information is strictly prohibited. Thank you. Expires 3 years from date listed above.