

**Genesis Medical Clinic
11531 N 56th Street
Temple Terrace, Florida 33617
Phone: 813-386-0685
Fax:813-549-7399**

Patient Authorization for release of protected Health Information

To: _____
Physician of Facility Name

Street Address

City/State/Zip

I hereby request that my medical records be released to

**Genesis Medical Clinic
11531 N 56th Street
Temple Terrace, Florida 33617**

Records requested:

_____ Complete chart including HIV results and psychiatric records
_____ Lab reports
_____ X-ray reports
_____ consult reports
_____ Medication Log
_____ Others _____

Please Fax medical records to: 813-549-7399

Date of request _____
Patient Name _____
Patient's DOB _____ Patient's SS# _____

Patients Signature: _____

Witness Signature: _____