IMPORTANT:
Forms must be filled out COMPLETELY to be valid:
ALL fields are required.

Baldwin Park Family Practice, P.A.
Promoting Healthy Lifestyles
1040 Woodcock Road, Suite 200
Orlando, Florida 32803
Tel: 407-898-4550
Fax: 407-898-4842
Email: info@baldwinparkfp.com

Authorization to obtain, release or review protected health information

I, _____ hereby authorize Baldwin Park Family Practice to
Patient/Legal Representative

obtain copies of protected health information of: _____
Print Patient's Name

FROM: _____
Name of Individual, Healthcare Facility or Agency **[PRIOR PCP ONLY]** Phone Email or Fax **[REQUIRED]**

_____ **FL - Florida** _____
Address City State Zip

PLEASE SEND RECORDS TO:

Baldwin Park Family Practice, P.A.
1040 Woodcock Road, Suite 200, Orlando, Florida 32803
PH: (407) 898-4550 | FAX: (407) 898-4842

Dates of services: From: _____ To: _____

Please place your INITIALS by each/all item to be released:

_____ All Chart / Visit Notes _____ Consultations

_____ Labs _____ Radiology Other *(Specify)* _____

Additionally, please specify by INITIALS each/all applicable items:

_____ Mental Health _____ HIV Testing _____ Drug and/or Alcohol _____ AIDS Information

_____ _____
Date of Birth Social Security Number

_____ **FL - Florida** _____
Address City State Zip

_____ _____
Patient/Legal Representative/ Parent Signature Date

_____
Witness