



Lee N. Metchick, M.D. F.A.C.E.

Lake Mary - 407.691.3200
925 Williston Park Point • Suite 1003 • Lake Mary, FL 32746

Edgewater - 386.427.4544
109 W. Knapp Avenue • Edgewater, FL 32132

DeLand - 386.427.4544
1431 Orange Camp Road, Suite 115 • DeLand, FL 32724

Fax - 386.427.8688

Board Certified in Endocrinology, Diabetes and Metabolism

CONSENT FOR RELEASE OF INFORMATION TO ENDOCRINOLOGY OF CENTRAL FLORIDA

1. I hereby authorize _____
(Doctor's office) _____

to release information including, if any, psychological information, infections or contagious disease information including HIV/AIDS confidential information, and/or information about drug or alcohol abuse or treatment of same from the health records of:

PATIENT NAME: _____ DOB: _____

SOCIAL SECURITY#: _____ PHONE: _____

PATIENT ADDRESS: _____

2. Covering the period(s) of treatment: All records _____
From: _____ To: _____

3. Information to be released: Complete chart _____ Other _____

4. Information to be released to: **Endocrinology of Central Florida**
109 W. Knapp Avenue
Edgewater, FL 32132

5. Purpose of disclosure: _____.

6. I hereby release Endocrinology of Central Florida and its employees, agents, and affiliates from any and all liability, responsibility, claims and damages which may result from the release of information authorized by this Consent for Release of Information.

7. I understand that this Consent for Release of Information is subject to revocation by the undersigned at any time, except to the extent that action has already been taken by Endocrinology of Central Florida in reliance upon this consent. Unless otherwise stated below, this consent shall automatically expire one year from the date set forth below, or upon the following date, event or occasion: _____.

8. I have read and understand the Consent for Release of Medical Information, and have voluntarily and knowingly signed such consent.

Signature of Patient: _____ Date: _____

Signature of Legal Representative _____ Date: _____
(proof of Legal Representation mandatory)

Witness: _____ Date: _____