Mandarin Wellness Center Shirley Hartman, M.D.
9283 San Jose Blvd B-2, S-1 (904) 268-5826
Jacksonville, Fl. 32257 (904) 268-5873

**Personal Release of Records Request:**

This form is only used for a patient to receive his/her own records

or records for his/her minor children not requiring additional consent.

**Records to be sent to the following address:**

Patient’s Name(s):

Patient’s DOB(s):

Mailing Address:

 Release the following medical Records: Date Range:
 Office Notes
 Treatment Plan of Care
 Medication Record
 Laboratory Reports

 Imaging Reports
 Lyme Specific Records
 All Medical Records

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| As part of the medical record, the following information will be released unless stricken: |
| * Psychiatric Information
 | * Drug & Alcohol Abuse Information
 |
| * AIDS or HIV Information
 | * Child Abuse/Neglect Information
 |
| * Sexual Orientation Information
 | * Sexual Abuse Information
 |

I have carefully read this consent, understand its contents, and authorize the release of the above-specified information. This information is for the person/facility to which it is addressed only.

Print Name: Signature:
Date: Phone:

Email Address (to send invoice):

 06/2022