

Loukanova Medical

6311 South Pointe Blvd, Suite 300, Fort Myers, FL 33919

Phone: (239) 689- 4036 Fax: (239) 689- 4028

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI) AND MEDICAL RECORDS

I hereby authorize Lee Health TO RELEASE my individual identifiable protected health information to Loukanova Medical and I give consent to Loukanova Medical to view my medical record in EPIC. I understand that this consent is voluntary. The information released **may** include records regarding mental health, developmental disability, alcohol or drug abuse and /or infectious disease (including HIV, AIDS, or AIDS–related conditions) unless specifically requested **not** to include these records. I agree a copy of this form may be treated as a signed original.

Please Print:

Patient Name _____ **DOB** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____

Purpose of Release: Provider Transfer and Continuity of Care

Persons/Organizations receiving the information:

**Dr. Adriana Loukanova/Loukanova
Medical**

6311 South Pointe Blvd. Suite 300

Fort Myers, FL 33919

Patient Signature: _____

Date: _____