JONATHAN L. MASEL, M.D., F.A.C.S.
American Board of Urology Certified
4030 Sheridan Street, Suite C
Hollywood, FL 33021
Office: 954-961-7500 Fax: 954-964-8965

RELEASE OF MEDICAL RECORDS

Date: _____

I hereby authorize use or disclosure of the named individual's health information as described below.

_____ _____
Patient Full Name Date of Birth

_____ _____
Address (Street, City, State, ZIP Code) Telephone Number

To be released to / from: _____

_____

_____

Phone: _____

Fax: _____

Sensitive Information: I understand that the information in my record may include information relating to sexually transmitted diseases, AIDS, or HIV infection. It may also include information about behavioral or mental health services or treatment for alcohol and drug abuse.

_____ _____
Signature of Patient or Authorized Representative Date

_____ _____
If Signed by Legally Authorized Representative Relationship to Patient