

GOLDIN PREMIER MEDICINE
RONALD GOLDIN, M.D., FASN

Board Certified Internal Medicine and Nephrology

4125 Burns Road, Suite 240

Palm Beach Gardens, FL 33410

Ph: (561) 627-6454 Fax: (561) 625-4374

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name: _____

Patient D/O/B: _____

Address: _____

I hereby authorize and request:

To release to:

Dr. Ronald Goldin

4215 Burns Road, Suite 240

Palm Beach Gardens, FL 33410

Check one:

_____ a copy of my medical records for the following time period: _____ to _____

_____ specific records: _____

_____ complete records.

I understand that this authorization will allow this provider organization and it's affiliates to use or disclose my protected health information. I understand that my medical records may contain sensitive information such as mental health, HIV, AIDS, substance use, disorders, sexual abuse and/or other related conditions. I understand that my records will not be released to entities other than those designated by myself or my personal representative. I understand that this authorization is valid for one (1) calendar year from the date of signature unless I send a written request to the facility to revoke this request.

Signature of Patient or Legal Representative

Date

Witness

Date