



## RELEASE OF MEDICAL RECORDS AND INFORMATION

Patient/Decedent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### PathCare, PLLC Authorization for Use or Disclosure of Protected Health Information

I \_\_\_\_\_, hereby authorize any and all medical and mental health facilities and providers to release to PathCare, PLLC, or its representatives, any and all medical records, medical information, including imaging, laboratory results or treatments notes in their possession of my deceased:

Husband  Wife  Father  Mother  Son  Daughter  Brother  Sister

### PURPOSE

This authorization is for the release of medical information to PathCare, PLLC, in a professional capacity as licensed physicians practicing in pathology to correlate autopsy or other examination findings and diagnoses.

**RELEASE TO:** PathCare, PLLC  
Attn: Jeff Martin – Operations  
Fax: 888-850-4380  
Email: [records@pathcaremed.com](mailto:records@pathcaremed.com)

### REQUESTED RECORDS

Entire File  Last Visit  Last (3) Visits  H&P's  Discharge Summaries  Operative Reports  
 X-Ray/CT's  Labs  Procedures  Notes  Medication List  Other

Specific to: \_\_\_\_\_

### ACKNOWLEDGEMENT

I understand I may revoke this authorization at any time by notifying the provider in writing, except to the extent that the provider has taken action in reliance on this authorization. I understand the information disclosed under this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations or other privacy laws. I also understand by signing this authorization, I authorize the provider to disclose the information identified above and related information necessary to accomplish the purpose described above.

Signed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in witness of \_\_\_\_\_.  
(Numeric) (Month) (Year) (Printed Name of Witness)

\_\_\_\_\_  
(Signature of Legally Authorized Person)

\_\_\_\_\_  
(Signature of Witness)

PathCare, PLLC | PO Box 5828 | Destin, Florida | 32540 | Phone: 888-850-4380 | Fax: 888-850-4380  
Email: [contactus@pathcaremed.com](mailto:contactus@pathcaremed.com)

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