Erin Doty, M.D.
Steven Toenjes, M.D.
Meredith Hawthorne, PA-C
Amy Toenjes, ARNP
www.firstcoastneurosciences.com

Consent for Release of Medical Records

I understand that all patient information is confidential and privileged, that the confidentiality of my medical records is protected by federal and state law, and that your delivery of copies to Dr. Erin Doty in response to my directions is mandated by law. I agree to hold Erin Doty, P.A. dba First Coast Neurosciences harmless for any loss of confidentiality of identifiable patient information that may result from compliance with my directions or for use or disclosures made by those receiving my medical records as directed. I further understand that as part of my medical record, the following information, of present in my record, will be released unless stricken: Sexual abuse information, Information about sexually transmitted diseases, drug, alcohol and other substance abuse information, child abuse and neglect information, mental health including psychiatric, psychological and psycho-therapeutic information, AIDS/HIV information.

Top To Be Completed By Office Staff

To: _____

_____

I hereby authorize you to release the following information to:

Erin Doty, P.A. dba First Coast Neurosciences
7807 Baymeadows Rd E. Suite 401
Jacksonville, FL 32256
904-730-3689 phone 904-730-3688 fax

The information covered in this authorization includes all medical records including office visits, notes, labs, imaging reports, ultrasound reports, electrophysiology reports, medication lists, demographics, history and physicals and insurance information. This authorization expires two (2) years from the date of signature or unless revoked or terminated by the patient or representative.

You may revoke this authorization by a submitting a written revocation to Erin Doty, PA dba First Coast Neurosciences.

Print Patient Name: _____ Date of Birth: _____

Patient Signature: _____Date: _____
if representative, state relationship

7807 Baymeadows Road East, Suite 401, Jacksonville, FL. 32256
Office 904-730-3689 Fax 904-730-3688