



**Seminole Sports & Family Medicine, PA**  
**Matthew Rosen, MD**  
**Katherine Chan, MD**  
**798 Executive Dr.**  
**Oviedo, FL 32765**  
**407-359-8580 (Ph)**  
**407-359-8364 (fax)**

**Medical Request Records From:**

- Seminole Sports & Family Medicine, PA
- Other (Specify Facility/Address/Phone/Fax)

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**Disclose Information To:**

- Seminole Sports & Family Medicine, PA
- Other (Specify Facility/Address/Phone/Fax)

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**IDENTIFYING INFORMATION**

\_\_\_\_\_  
Patient's Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number

**PURPOSE OF DISCLOSURE**     Continued Care     Personal     Other \_\_\_\_\_

**I understand that** I may be charged for copies of this information in accordance with Florida Law.

**I understand that** information in my general health records may contain information relating to: Drugs/Alcohol abuse, STI/STD's, HIV/AIDs, Behavioral or Mental Health, and Genetics.

**I understand that** this authorization will expire in one year from the date signed below unless otherwise specified \_\_\_\_\_.

**I understand that** I have the right to revoke this authorization, in writing, at any time by sending such written notification to Privacy Officer at 798 Executive Dr., Oviedo, FL 32765. I understand that a revocation is not effective to the extent that Seminole Sports & Family Medicine, P.A. has relied on the use or disclosure of the protected health information.

**I understand that** information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

**I understand that** Seminole Sports & Family Medicine, P.A. will not condition my treatment, payment, enrollment (if applicable) in a health plan or eligibility for benefits on whether I provide authorization for the requested use or disclosure.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Relationship (if not patient)

\_\_\_\_\_  
Date