

Medical Records Request Policy

This form is intended for requests to send records between providers **for the exclusive purpose of continuing care**: from our office to another provider, or from another provider to Marja Sprock M.D. Records are sent directly to the provider by fax. There is **no fee** for continuing care requests.

Personal Use Requests: Records for personal use are available **free of charge** through the patient portal. Office-prepared copies require the Paid Medical Records Release Form, and fees apply.

Note: This form is **only** for continuing care. Requests for attorneys, SSA, VA, disability offices, insurers, or personal copies require the Paid Medical Records Release Form.

A hand-signed (wet signature) form is required. Typed or electronic signatures are not accepted.



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Provider for Continuing Care Medical Records Release Form

Patient Information

First Name: Date of Birth:
Last Name:
Email:
Phone Number:

Records Requested

☐ Notes ☐ Labs/Imaging ☐ Chart Documents ☐ All

Date Range: (MM.DD.YYYY Start: End:

Recipient Information

☐ Please Release to Marja Sprock M.D. of Central Florida UroGynecology

Provider Name: NPI:
Fax: Phone:
Address:

Authorization and Disclaimer

By signing below, I authorize the release of my medical records as requested above. I understand that:

- This authorization is valid for one year from the date of signature.
- I may revoke this authorization at any time in writing.

Signature: Date:

