Treasure Coast Sleep Disorders, LLC

1380 NW Federal Hwy
Stuart FL, 34994
772-232-9990

188 NW Central Park Plaza
Port Saint Lucie FL, 34986
772-336-2770

Fx: 772-232-9989

Authorization for release of Protected Health Information

I _____(Print)
Last First Middle

Authorize _____(Print)
Last First Middle

As of _____
Date

To discuss on my behalf: (Check all that apply)

( ) Medical Billing (ie. Collections, Money owed, Money Paid)

( ) Records (ie. Test results, appointments, copy of records)

This authorization will be valid indefinitely until notified other wise by the above said patient.

_____ _____
Patient Signature DOB