

Dear Patient:

Thank you for contacting **Medical Specialists of the Palm Beaches** Medical Records Department. To better serve you with your request for medical records, **Medical Specialists of the Palm Beaches** has partnered with Sharecare Health Data Services.

Sharecare Health Data Services will fulfill your request for records in a safe, secure, and timely manner.

To receive a copy of your records, you will need to complete and return the attached Authorization form. Please make sure you have *specific* instructions included as to **what** records you are requesting and **where** you are requesting they be sent. You also have a choice of **how** you would like to have your records delivered.

- For records to be delivered directly to you, please choose **Mail** or **Email**.  
(PLEASE SELECT ONLY ONE OPTION)
- For records to be delivered to another doctor, please choose **Fax** or **Mail**.  
(PLEASE SELECT ONLY ONE OPTION)
- The fax delivery option may **only** be used for records going to a doctor and must include a copy of your Driver's License.
- You may **Mail, Email or Fax the completed Authorization form to:**
  - **Mail:** Medical Specialists of the Palm Beaches, Inc.  
1732 South Congress Ave, #341  
Palm Springs, FL 33461
  - **Email:** [mspbmedicalrecords@msbhealth.com](mailto:mspbmedicalrecords@msbhealth.com)
  - **Fax:** 561-649-7028
  - You can give the authorization form to your doctor office and ask them to submit it interdepartmental or fax if the patient is unable to do the above

**For Records being sent to Another Health Care Provider**

Please provide as much contact information for your other Doctor, including the address, phone & fax.

You can contact a Sharecare Health Data Services representative at any time by calling:

**877-570-4335**

Thank you,

**Medical Specialists of the Palm Beaches, Inc.**



- 1. Patient Information:** Ensure the patient fills out this entire portion with full name (along with any nicknames or previous names used), address, and DOB.
- 2. Release Information To:** We need the full name and address of where the patient is wanting records sent and would need a fax number included to electronically send records to another doctor.
- 3. Information to be Released:** The patient needs to make a selection as to what they are wanting released. If they do not make a selection, we default to sending a 1-year abstract of records.
- 4. Delivery Option:** This option allows us to know exactly how the patient is wanting the records delivered, via: email, fax or paper copies.
- 5. Authorization to Release Protected Health Information:** Only applicable to any sensitive information that may be in the chart. If this is not initialed, we will not include any of this info in the record set that is sent.
- 6. Signature:** Unless records are being sent to doctor's office, the patient **MUST** sign and date the auth or it will not be processed. As a side note—the legal age for a child to sign a request is [redacted] in the state of [redacted]. We would typically have to have a parent or guardian sign if they are not over this age limit.

*\* For non-emancipated minors under the age of 18, a parent or guardian must sign release form. If patient is unable to sign, a copy of the legal documentation for patient's representative must be supplied with a copy of this form.*