

**AUTHORIZATION TO TRANSFER MEDICAL RECORDS**

**1. PATIENT INFORMATION.**

NAME(print): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_, \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

**2. AUTHORIZATION FOR RELEASE.** I hereby authorize  
Kenneth W. Ponder, M.D., P.A.  
4566 E Hwy 20 Ste 103  
Niceville, Florida 32578-8831 VOICE: 850.897.1223. FAX 888-423-5018  
to release, disclose, and deliver the medical information described below to:

AUTHORIZED RECIPIENT: (do not leave blank)

NAME(print): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_, \_\_\_\_\_

**3. SPECIFIC AUTHORIZATION.** I specifically authorize the release of ALL medical information relating to the above-named patient including but not limited to the following categories protected by state or federal law: (1) Substance abuse (drug or alcohol) treatment; (2) Mental health treatment; and (3) HIV-AIDS-related information, if such information is contained in the records. This authorization includes reports, correspondence, test results, and any other information in the records, whether generated by the authorized provider or another entity.

**4. VALIDITY.** I understand that this authorization will automatically expire one year from the date of my signature, and that I may revoke this authorization by sending a written notice to the person or entity authorized to make the disclosure described above. I agree that any release which has been made prior to revocation and which was made in reliance upon this shall not constitute a breach of my rights to confidentiality.

I authorize the release of information as indicated above.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Records will be released on a CD containing a PDF file. Allow 4-7 business days to process.

**Before December 16, 2020:** Send this form to office. Check one box

Will pickup at office during normal business hours. Contact me when ready: email: \_\_\_\_\_  
or phone \_\_\_\_\_ . CD must be picked up by Dec 21, 2020.

Mail to above authorized recipient

The first CD will be provided free of charge. Extras are \$25 each prepaid (please fill out another form).

**After December 16, 2020:** Records will only be available at <https://desertriversolutions.com/requests/> or by calling 480-577-3150. Fee is flat \$25 including postage for all desert river records releases.

STAFF USE: Records released on date: \_\_\_\_\_ by \_\_\_\_\_ via \_\_\_\_\_ mail or \_\_\_\_\_ pickup with ID check. Scan this form to amazing charts.