



LEARNING TO ACHIEVE WELLNESS

RECORDS REQUEST

Please use this form to request records. You can fill it in electronically, then print it or print it, then complete it by hand. Once complete,

- email it to info@ltaw.net or
- print it and deliver it to the front desk at any office or
- print it and mail it to the address below.

If you complete it by hand, please print clearly.

If mailing, send to:

LEARNING TO ACHIEVE WELLNESS
413 W ROBERTSON ST STE B
BRANDON FL 33511

What you need to know:

1. We cannot email office visit notes; these have to be printed out for pick-up in the office or mailed to you.
2. Cost is currently set at \$1 per page up to 25 pages, then \$0.25 for each additional page, plus mailing cost if applicable. Payment is due when records are picked up or before records are mailed.
3. If the records are those of a family member, the requesting party needs to be a parent or guardian or have signed authorization by the patient.
4. If the records are for your attorney, disability advocate, or other third party, then it is best the third party send us a request directly. Records will be sent to another medical provider at no charge to you. Please have third party fax us a records request at (813) 441-8519, or they may email their request to info@ltaw.net.



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The person whose records are requested

First name _____

Last name _____

Date of birth _____

Date range of records _____

My name (if different than above)

First name _____

Last name _____

Relation to patient _____

My information

Email address: _____

Phone number: _____

Will you pick up the printed records:

YES

NO

If YES, which office: _____

If records will be mailed:

Name _____

Street (apt) _____

City, State, ZIP _____

I authorize the following person to pick up these records for me:

Name _____

Date of request: _____