



# Surgical Specialists of Trinity, PA

10751 Maple Creek Drive, Suite 103, Trinity, FL 34655  
Phone: 727-372-0400 Fax: 727-372-0403

## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I request and authorize \_\_\_\_\_ to  
release healthcare information of the patient named above to:

Name: \_\_\_\_\_ Surgical Specialists of Trinity, PA

Address: \_\_\_\_\_ 10751 Maple Creek Drive, Suite 103

City: \_\_\_\_\_ Trinity State: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_ 34655

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_

All healthcare information \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

THIS AUTHORIZATION EXPIRES ONE YEAR AFTER IT IS SIGNED.

