Red Hook Family Practice PC

Red Hook Family Practice
6500 Red Hook Plaza, Suite 205
St. Thomas, VI 00802 • 340.775.2303

Yacht Haven Family Practice
5302 Yacht Haven Grande, Ste. 124
St. Thomas, VI 00802 • 340.776.1511

Cruz Bay Family Practice
The Marketplace, 3rd Floor, Suite 104
St. John, VI 00830 • 340.776.6789

www.redhookfamilypractice.com

Medical Records Release Request Form

Patient Information

Full Name: _____

Date of Birth: _____

Recipient

Facility: _____

Address: _____

_____

Phone: _____

Records Requested

☐ All records ☐ Lab results ☐ Immunizations
☐ Consultation ☐ Imaging reports ☐ Other:

_____
_____

Date Range of Records: From _____ to _____

Format of Records

☐ Paper
☐ Portal
☐ Email: _____
☐ Fax: _____

Authorization

I authorize Red Hook Family Practice PC to release the above records as specified. I understand:

1. I may revoke this authorization in writing, except for information already released.
2. Records may include sensitive information (mental health, HIV, substance use).
3. Fees may apply for copying or sending records, as allowed by law.
4. That regular email is not a secure method of communication and that my medical information could be misdirected, intercepted, or stored on unencrypted servers.

Signature of Patient or Authorized Representative: _____
Date: _____

Relationship to Patient (if not patient): _____

Office Use Only

Request received by: _____ Date: _____
Records sent by: _____ Date: _____ Method: _____
Staff initials: _____ Notes: _____

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