

**Jupiter Concierge Family Practice
David C. Rosenberg, MD
2141 Alternate A1A South
Suite 200
Jupiter, Fl 33477
(561) 743-0005
(561) 743-7623 Fax**

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby authorize _____
(Name of Physician /Facility where your records are currently.)

to release any and all clinical records, including medical, psychiatric, alcohol and any drug abuse records, HIV testing and results to:

**Jupiter Concierge Family Practice
David C. Rosenberg, MD
2141 Alternate A1A South, Suite 200
Jupiter, Fl 33477**

PATIENT'S FULL NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY# _____

ADDRESS: _____
STREET APT#

CITY STATE ZIP CODE

PATIENT'S SIGNATURE: _____