FLORIDA DEPARTMENT OF CORRECTIONS

HEALTH CARE INFORMATION REQUEST RECORD

Inmate ☐ has ☐ does not have restrictions placed on protected health information (PHI).

Name of individual/entity requesting information	Date of release of information	Purpose and description of information released*	Initials of staff releasing information

*__**See DC4-711B**__ (release of information form) can be placed in this column.

Inmate Name_____

DC#_____ Race/Sex_____

Date of Birth_____

Institution_____