

Dear Patient,



Thank you for contacting **North Florida Women's Care** Release of Information Department. We are here to serve you and your health information needs.

For FMLA or disability leave paperwork, please complete the enclosed authorization form and attach your blank forms for completion.

- Please make sure you have *specific* instructions included as to where you are requesting the forms to be sent after completion.
- Leave will only be certified based on your treatment plan while under the care of North Florida Women's Care.
- You may elect to have completed forms emailed, mailed, or faxed to the recipient listed. **It is recommended that you elect to receive your forms back via email.**
- **Please be aware that you are authorizing the release of protected health information to supplement your FMLA/disability leave claim.** This means records may be attached to the forms that are being completed and will be released as indicated on the authorization.

Return the completed release and blank FMLA/Disability forms to:

Fax: 850-877-1338

Mail: **North Florida Women's Care**
Attn: Medical Records/ROI
1401 Centerville Rd. Ste. 202
Tallahassee, FL 32308

Contact BACTES within 24 hours after submission to make your payment arrangement. A fee of \$30.00 per form is required prior to form completion.

Once payment is received, your form will be completed and sent to the recipient listed on your release.

For questions pertaining to FMLA or disability leave paperwork, please contact **BACTES** at **866-641-4778**.

Again, thank you for allowing us to serve you.

Sincerely,

BACTES Imaging Solutions
Trusted Partner of **North Florida Women's Care**

BACTES[™]
a  sharecare company