

**CERTIFICATE OF AUTHENTICITY**

**I HEREBY CERTIFY** that the reproduction of health records attached to this certificate are, to the best of my knowledge, true and accurate copies of the patient records of \_\_\_\_\_, the originals of which are on file at \_\_\_\_\_. Said records are made and kept in the regular and ordinary course of business.

**I FURTHER CERTIFY** that I am the person responsible for maintaining and controlling these records, and/or the appointed designee responsible for the release of these records.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Records Custodian

**State of Florida**

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, who:

\_\_\_\_\_ is personally known to me.

\_\_\_\_\_ presented identification in the form of

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public