

Please send a copy of this release with the requested records.

PATIENT INFORMATION (Please print)

Patient Name: _____ Date of Birth: _____ Social Security Number: ____ - ____ - ____
Address: _____ City: _____ Zip: _____ Phone: _____

RELEASE FROM: (Name of physician or facility releasing information)

I authorize release of my medical record from

Physician/Facility _____ Fax #: _____
Address: _____ City: _____ Zip: _____ Phone: _____

Please send my medical record to:

Physician/Facility _____ Fax #: _____
Address: _____ City: _____ Zip: _____ Phone: _____

RELEASE INFORMATION

Reason: Change of insurance Transfer of care Personal file
 Moving out of area Specialist consultation Legal

Please release the following (check all that apply)

RECENT H & P LAST THREE VISITS
 LAB REPORTS X-RAY REPORTS
 HOSPITAL REPORTS OTHER: _____

- Please allow 15 days for processing
- Incomplete information will delay processing
- Use of information for any other than the stated is prohibited
- This information is for the use of the designated recipient only and cannot be provided to any other agency

CONSENT

This authorization will automatically expire one year from the date signed. I understand that I may revoke this consent at any time except to the extent that action has been taken to reliance thereon. A photo copy of this authorization shall be considered as valid as the original. We cannot guarantee privacy after information leaves our office. I authorize release of all information indicated, and I am aware that the records released may contain information relating to psychiatric or psychological testing, physical abuse, or drug and alcohol abuse.

I authorize release of HIV/HTLV/AIDS test results. YES NO Initials: _____

I understand that I may be charged for copies provided. YES NO Initials: _____

Signature of patient, parent, guardian, conservator, or patient representative (Please circle) Date

Witnessed by Date

FOR OFFICE USE ONLY

Received: _____ Completed by: _____

Completed Date: _____ Fee Paid: _____

Amount Due/ Billed: _____

Disclosure consisted of: _____

NAME: