

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I request and authorize records to be sent**

**FROM:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone and/or Fax: \_\_\_\_\_

**TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone and/or Fax: \_\_\_\_\_

**Purpose of release:** (Please check one)

☐ Changing Clinic/Physician    ☐ Coordination of Care    ☐ 2<sup>nd</sup> Opinion    ☐ Other \_\_\_\_\_

Reason for the Release of Records \_\_\_\_\_

**Type of information to be released:**

☐ CHART NOTES    ☐ LABORATORY REPORTS    ☐ PATHOLOGY REPORTS

☐ HOSPITAL REPORTS    ☐ IMAGING REPORTS    ☐ OTHER: \_\_\_\_\_

☐ IMMUNIZATION RECORDS

☐ FOR THE FOLLOWING DATES OF SERVICE: FROM: \_\_\_\_\_ THROUGH \_\_\_\_\_

**PROTECTED OR SENSITIVE INFORMATION**

Some types of information require a specific authorization to be released because of federal or state laws. They are identified below.

☐ \_\_\_\_\_ HIV test and test results and related information  
 SIGNATURE OF PATIENT/ PARENT OR GUARDIAN including high risk behavior documentation.

☐ \_\_\_\_\_ Drug/alcohol diagnosis, treatment or referral information.  
 SIGNATURE OF PATIENT/ PARENT OR GUARDIAN

☐ \_\_\_\_\_ Mental Health treatment information.  
 SIGNATURE OF PATIENT/ PARENT OR GUARDIAN

**Permission to fax information:** ☐ Yes ☐ No

SPECIFICALLY CONSENT TO THE TRANSMISSION OF MEDICAL RECORDS VIA FACSIMILE (FAX) MACHINE THE UNDERSTANDING THAT THE CONFIDENTIALITY AT THE RECEIVING END CANNOT ALWAYS BE GUARANTEED.

**SIGNATURE TO RELEASE THE INFORMATION**

\_\_\_\_\_  
 SIGNATURE OF PATIENT/ PARENT OR GUARDIAN      RELATIONSHIP      DATE SIGNED

This authorization may be revoked at any time. The only exception is when action has been taken in reliance on the authorization. Unless revoked earlier, this consent will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.