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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize: _____
Name Phone

to disclose my individually identifiable health information as described below, which may include information concerning communicable disease such as Human Immunodeficiency Virus (“HIV”) and Acquired Immune Deficiency Syndrome (“AIDS”), mental illness (except for psychotherapy notes), chemical or alcohol dependency, laboratory tests results, medical history, treatment, or any other such related information. I understand that this authorization is voluntary and I may refuse to sign this authorization. I further understand that my health care and payment of my health care will not be affected if I do not sign this form.

I understand that if the recipient authorized to receive this information is not a covered entity, e.g. insurance company or health care provider, the released information may no longer be protected by federal and state privacy regulations.

Description of information to be released: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Face sheet | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Billing records |
| <input type="checkbox"/> Discharge summary | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Diagnostic Reports | _____ |
| <input type="checkbox"/> Operative Reports | | |

I request that the information described herein be sent to the following entity:

Name Address

Phone Fax

I understand that this authorization will expire in 1 year from the date of this authorization unless I otherwise specify.

Printed Name***** Date of Birth***** Date*****

Signature***** Relationship to Patient*****

In order to obtain any medical records or release to any doctor or to your insurance, we need this form left blank and just filled out where the asterisks***** are.