

DISCLOSURE OF MEDICAL RECORDS

I authorize _____ to release a copy of the medical information for: _____ DOB: _____

To: _____ (name of recipient).

The information will be used on my behalf for the following purpose(s): _____.

By initialing the spaces below, I specifically authorize the release of the following medical records, if such records exist.

- | | |
|---|--|
| <input type="checkbox"/> All hospital records (including nursing records and progress notes)
<input type="checkbox"/> Transcribed hospital records
<input type="checkbox"/> Medical records needed for continuity of care
<input type="checkbox"/> Laboratory reports
<input type="checkbox"/> Pathology reports
<input type="checkbox"/> Diagnostic imaging reports
<input type="checkbox"/> Please send the entire medical record (all information) to the above named recipient. The recipient understands this record may be voluminous and agrees to pay all reasonable charges associated with providing this record. | <input type="checkbox"/> Most recent five year history
<input type="checkbox"/> Clinician office chart notes
<input type="checkbox"/> Dental records
<input type="checkbox"/> Physical therapy records
<input type="checkbox"/> Emergency and urgent care records
<input type="checkbox"/> Billing statements
<input type="checkbox"/> Other _____ |
|---|--|

SEPARATE, SIGNED AUTHORIZATION FORM REQUIRED FOR THE FOLLOWING

- HIV/AIDS related records • Mental health information • Genetic testing information
- Drug/alcohol diagnosis, treatment or referral information

- _____ This authorization is limited to the following treatment: _____
- _____ This authorization is limited to the following time period: _____
- _____ This authorization is limited to workers' compensation claim for injuries or: _____

Signature of patient

Date

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.