

Authorization for Release of Medical Information

MRN _____

I hereby authorize the release of information from the medical record of:

Patient Name: _____

Date of Birth: _____

Social Security #: _____ (optional)

Daytime Phone #: _____

Information Released

TO: _____ FROM: _____

Please release the following:

- Problem List
- X-ray reports
- Progress Notes
- X-ray films
- History/Physical Exam
- EKG reports
- Lab Reports
- Other diagnostic reports (specify) _____
- Immunizations
- Other (specify) _____

Including information (if applicable) pertaining to:

- Mental Health
- Drug/Alcohol
- HIV/AIDS
- Communicable Treatment

Purpose or Need for Disclosure:

- Continued Patient Care
- Personal Use
- Attorney/Legal
- Insurance Claim/Application
- Disability Determination
- Other (specify) _____

I understand that the information released is for the specific purpose stated above. Any other use of this information without the written consent of the patient is prohibited. I further understand that I may revoke this consent (in writing) at any time except to the extent that action has been taken in reliance on it. This consent will expire 90 days after the date of my signature unless otherwise specified.

Signature of Patient or Legal Representative

Date

Relationship to Patient

Witness

COMPLETE ONLY IF INFORMATION IS TO BE RELEASED DIRECTLY TO THE PATIENT:

I understand that my medical record may contain reports, test results, and notes that *only a physician can interpret*. I understand and have been advised that I should contact my physician regarding the entries made in my medical record my misunderstanding of the information contained in these entries.

I will not hold 1960 Family Practice liable for any misinterpretation of the information in my medical record as a result of not consulting my physician for the correct interpretation.

Signature of Patient or Legal Representative

Date

Relationship to Patient

Witness

Date request completed _____

of pages _____

Reviewed only _____

Charges \$ _____

Cash _____

Check _____

Initials _____