

AUTHORIZATION FOR THE RELEASE OF HEALTH INFORMATION

PATIENT NAME: _____ DOB: _____ Last 4 digits SSN: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE#: _____ EMAIL: _____

I authorize the following facility/physician to release my records:

NAME OF FACILITY/PHYSICIAN: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

The records will be sent to:

NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE#: _____ FAX #: _____

EMAIL: _____

_____ **What will be released** _____

- Complete Medical Record Discharge summary History and physical exam Consultation reports
- Office/Clinic Notes Imaging reports Diagnostic cardiology reports Lab/Pathology reports
- Reports of operations Other _____

The information I wish to have released is (include dates of service or blank for all): from: _____ to: _____

If you do not want certain portions of your medical records released, please check the categories you would like to exclude

- HIV/AIDS/STD, if any Mental Health, if any Drug/Alcohol abuse, if any

The purpose for such disclosure is:

- At my request (only patient may check) Payment / Insurance Litigation / Legal
- Healthcare Employment Other _____

****per HIPAA 45 CFR 164.524, you may be charged a reasonable fee for reproducing medical records. Fees are non-refundable once the services are rendered. Payment is due on receipt of invoice.**

_____ **How would you like the records** _____

- Email (please provide) Fax (please provide) Pick-up Postage (postage fee may apply)

Patient's Signature

Signature

Date

If Guardian signed, relationship to Patient: _____

*By signing this release, I hereby authorize MedDocx to release to the person(s) or organizations listed above, all medical requested, including any specially protected records such as this relating to psychological impairments, drug abuse, alcoholism, sickle cell anemia, or HIV infection, **unless otherwise noted**. This authorization is valid for 90 days from the date of signature. I understand that I can cancel this request with written notification but that it will not affect any information released prior to notification cancelation.*