**Release of Information**

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

*( Last ) (First) (Middle Initial)*

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_horizontal line

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release the

*(Medical Office / Provider ) (Phone)*

following records until \_\_\_/\_\_\_/\_\_\_\_\_ or ONE year from this authorization. *Please initial the following sections* in order to have specific information released, including sensitive information.

| \_\_\_\_ STD Related Information | \_\_\_\_ X-Rays / Imaging | \_\_\_\_ Chart Notes |
| --- | --- | --- |
| \_\_\_\_ Lab Reports | \_\_\_\_ Historical Medication | \_\_\_\_ DIscharge Summary |
| \_\_\_\_ Alcohol/Substance records | \_\_\_\_ Referrals | \_\_\_\_ Orders |
| \_\_\_\_ Genetic Testing | \_\_\_\_ Mental Health | \_\_\_\_ History & Physical |
| **\_\_\_\_ ALL Relevant Medical Information** | ( Notes, Orders, Meds, Labs, etc.) |  |

If there is any information that you **do not** want included, please note here: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

horizontal line

**Please sign and date the following in order to authorize the release of health related information**

***To be Completed by the Patient***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
*Signature of Patient*  Print Name

Date: \_\_\_\_\_\_\_\_\_\_

This Authorization expires a year from the date listed above unless stated otherwise!

*PLEASE FAX RECORDS*