Authorization for Release of Information

PATIENT NAME:				
DATE OF BIRTH: SS#:	FIRST N —— MEDICAL R	MI MAIDEN OR C	THER NAME	
ADDRESS:	CITY:		STATE:	ZIP·
DAY PHONE:	EVENING PH	ONE:		_ ZII .
I hereby authorizeas indicated below to: NAME:	(Print Name of Pr	ovider) to release infor	mation from r	ny medical record
ADDRESS:			STATE:	ZIP:
	FAX:			
INFORMATION TO BE RELEASED: DATES:				
History and physical exam Progress notes Lab reports X-ray reports Other:	Substar Mental HIV re	ly authorize the release once abuse (including alconealth (including psycholated information (AIDS)	hol/drug abuse therapy notes) related testing)
PURPOSE OF DISCLOSURE: ☐ Changing physici☐ Legal☐ School☐ Other (please specify): ☐	[] Income	ation/second opinion e	☐ Continu☐ Workers	ing care s Compensation
1. I understand that this authorization will expire on form.		he Date this Form Expire	s) days after [have signed the
I understand that I may revoke this authorization on the date notified except to the extent action has I understand that information used or disclosed page.	s already been taken in reli	ance upon it.		
longer be protected by Federal privacy regulation.	S.			
4. I understand that if I am being requested to releas Provider) for the purpose of:	e this information by		(Pr	int Name of
 a. By authorizing this release of information, m form. b. I understand I may see and copy the informa sign it. c. I have been informed that or in-kind compensation in exchange for usin 	tion described on this form	if I ask for it, and that I	will get a copy	of this form after I
5. I understand that in compliance with \$\ (Print the Fee Charged). Ther follow up treatment.	(Print the State Whee is no charge for medical r	iose Laws Govern the Proceeds if copies are sent	ovider) statute to facilities for	I will pay a fee of ongoing care or
SIGNATURE OF PATIENT DAT	OR PARENT/I	EGAL GUARDIAN/AU	THORIZED F	PERSON DATE
RECORDS RECEIVED BY DATE	TE RELATION	NSHIP TO PATIENT	- HANGUL I	
DATE DECLIECT EILLED	FOR OFFICE USE ON	LY		
DATE REQUEST FILLED:	BY: FEE COLL	ECTED: \$	***	