



Medical Records Request

PATIENT INFORMATION

Patient Name _____ Phone Number _____ Birth Date _____

INFORMATION TO BE RELEASED FROM

I hereby authorize (name of organization) _____

Street Address _____

City/State/Zip _____

Phone # _____ Fax# _____

To release the following medical information contained in patient's medical record.

INFORMATION TO BE RELEASED TO

Name of Physician/Organization _____

Street Address _____

City/State/Zip _____

Phone # _____ Fax# _____

TYPE OF INFORMATION TO BE RELEASED (No information will be released unless a box is checked)	
<p>General Release</p> <p><input type="checkbox"/> Medical Records/Excluding Protected Records (This will be limited to 1 year of information including Lab, x-ray reports unless otherwise stated)</p>	<p>DATES OF TREATMENT</p> <p>From _____ To _____</p>
<p><input type="checkbox"/> Other Records (specify) _____</p>	<p>From _____ To _____</p>
<p>Information Protected by State/Federal Law</p> <p><input type="checkbox"/> All of my records including: AIDS/HIV and Other Communicable Disease Information, Behavioral Health Care/Psychiatric Care, Alcohol and/or Drug Abuse Treatment</p>	<p>From _____ To _____</p>

THIS AUTHORIZATION WILL AUTOMATICALLY EXPIRE AFTER ONE YEAR (or 60 days for drug and alcohol abuse records) from the date of signing. The undersigned may revoke this authorization at any time by providing written notice of revocation.

Signature of Patient or Personal Representative who may request Release of Medical Information: I understand authorizing the disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

Signature of Patient OR Legal Representative Date

Please Print Name of Signing Party

Patients or authorized representatives requesting copies of medical records may be assessed a fee in accordance with applicable regulations. Paper copies are charged at a rate of \$0.10 per page. If records are provided electronically on a disc, a flat fee of \$6.50 per disc will apply. Fees must be paid prior to the release of records unless otherwise required by law.