



1201 Lake James Drive, Suite 200 • Virginia Beach • Virginia • 23464 • Phone: 757-523-0022

### AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Full Name (Print) \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I (patient or legal guardian) \_\_\_\_\_, do hereby authorize **Blackwood Family Medicine** to release the following Confidential Health Care Information:

**Most Recent Office Note and Labs** or Specify Below

- Patient Intake Forms
- Lab Reports
- Consultation Report
- Alcohol / Drug Abuse
- Billing / Insurance Records
- Hospital Record
- Office Progress Note
- EKG
- HIV / AIDS STD Test
- Drug Screen Report
- Discharge Summary
- History / Physical
- Radiography Report
- Psychiatric / Psychological Care
- Pathology
- Emergency Room

Date of Service Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

### INFORMATION RELEASE TO:

Name of Physician/ Hospital / Agency / \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_

### PURPOSE OF DISCLOSURE

- New Provider
- Workers Compensation
- Legal Investigation
- Personal
- Disability Determination
- Other Specify \_\_\_\_\_

- I hereby authorize disclosure of health information for the above named patient.
- This authorization is valid for 12 months from the date of signature.
- I understand I may cancel this request with written notification but it will not affect any information already released.
- I understand that the information may be re-disclosed by the facility or individual receiving it and would then be no longer protected by federal regulation.
- The above named provider may not condition treatment on me on my signing this authorization.
- ***There will be a charge for copying records \$0.50 per page for the first 50 pages and \$0.25 per page thereafter.***

Patient (legal guardian if patient is a minor) Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE COMPLETE IN ORDER TO PROCESS RECORDS**