



Authorization for Release of Information

Patient Information: Print Name: _____ Date of Birth _____

Please release my healthcare information from: _____ **Please send my healthcare information to:** _____

Name of Facility/Provider: _____ Name designated recipient: _____

Address: _____ Address: _____

City/State/Zip _____ City/State/Zip _____

Phone number _____ Phone number _____

Information to be released

The most recent 2 years of pertinent information (chart notes, labs, ultrasounds and special tests)

All medical records Specific information (please specify) _____

Purpose for which disclosure is being made:

Sharing with other health care providers Personal Use Legal Investigation

I am transferring my care to a new health care provider Other: _____

Patient Authorization

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV) and Comprehensive Gynecology Center is specifically authorized to release all health care information relating to such diagnosis, testing or treatment. I understand that I do not have to sign this authorization in order to obtain health care benefits. I may revoke this authorization in writing. To view the process for revoking this authorization, please read the Privacy Notice to patients posted at the facility where your information is released. I understand that once the health information I have authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacy laws.

Fees for Copying Medical Records

Dr Dennis will continue to provide one complimentary copy of a patient’s medical record to another health care provider(exceptions, of course, for emergency situations). Our charges to release records to a patient or a relative is \$25.00. This fee must be paid before your records can be released.

Signature: _____ Date _____