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Gleneagles Family Medicine

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AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____
Contact Number: _____ Social Security #: _____

I request and authorize _____ to release healthcare information of the patient named above to: _____
Address: _____City: _____State: _____ Zip Code: _____

I **authorize the following PHI for disclosure:**

___Abstract/Pertinent	___Operative Notes	___ER Report	___History & Physical
___Progress Notes	___Lab	___ Immunizations	___Discharge Summary
___Physicians Orders	___X-Ray	___Consult	___Nurses Note

Other: _____

I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above. _____ (initial)

I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone. _____ (initial)

I understand that I have the right to revoke this authorization at any time. I understand that I must do so in writing and present the written revocation to Internal Medicine. I understand that the revocation will not apply to information that has already been released to this authorization. The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that information disclosed by this authorization, except for Alcohol and Drug Abuse as defined in 42 CFR Part 2, may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule [45 CFR Part 164] , and the Privacy Act of 1974 [5 USC 552a]

Patient's Signature: _____ Date: _____

This authorization expires 90 days after the above dated signature

Gleneagles Family Medicine contracts with Vital Chart to process all requests for medical records. Patients requesting a copy of their medical records can receive an abstract of their chart from our office at no cost. For questions regarding the status of requests, please contact Vital Chart at 877-746-8678 or online at https://vitalrecordscontrol.com/vitalchart-portal/

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