



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION



10007

Form with fields for Patient's Name, Date of Birth, Street Address, Social Security Number, City, State, Zip Code, and Phone Number.

I, the undersigned, hereby authorize _____
to release copies of medical records to: to obtain copies of medical records from:
Verbal release only of medical information to:

Form with fields for Name of Person or Agency, Phone Number, Address, City, State, Zip Code, and Fax Number.

The purpose or need for such disclosure is _____

Dates of Service: _____

_____ is authorized to release the following: (Please check information to be released) The medical records to be released may contain medical information pertaining to mental health services, drug and/or alcohol diagnosis and treatment, HIV / AIDS testing, HIV / AIDS results or HIV / AIDS information.

- List of medical record types with checkboxes: Abstract (Summary, Op Report, Paths, Consults, H&P, lab work), Emergency Room Record, Outpatient Surgery, Discharge Summary, Admission History and Physical, Consultation Report, HIV / AIDS Report, Doctor's Office Notes, Operative Report / Pathology Report, Alcohol / Detox / Drug Abuse, X-ray, EKG, EEG, Labs, Cardiopulmonary, Physical Therapy / OT / Speech, Nuclear Medicine, Clinic, Mental Health / Psychiatry, Other.

Signature Date Relationship to Patient

Witness Date

This authorization will expire within 1 year unless otherwise indicated. The consent to disclose information may be revoked by me at any time in writing except to the extent that action has been taken in reliance thereon, as set forth in the LifeBridge Health Notice of Privacy Practices. I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment. Subsequent re-disclosure or recopying of this information is not authorized without specific consent of the patient or authorized representative as provided in the Annotated Code of the State of Maryland, Article 4-302 (d) *Photo Id may be requested at the time of release.

MR# Date Completed Completed By # pages