



Records Release Authorization

Patient Information	
Parent / Legal Guardian name: _____	
Patient Name: _____	Date of Birth: _____
Address: _____	Phone number: _____
Where Are You Requesting Records From	
Practice / Provider Name: _____	
Address: _____	
_____ Phone/Fax: _____	
How Do You Want Your Records To Be Delivered	
<input type="checkbox"/> Fax: <input type="checkbox"/> Mail: <input type="checkbox"/> Email:	
Date(s) of service: _____ to _____	
Information To Be Disclosed	
<input type="checkbox"/> Complete health record(s), OR ONLY: ___ History & Physical Examinations ___ Consultation Reports ___ Progress (Visit) Notes ___ Laboratory Tests ___ Immunization Records ___ X-Ray Reports Photos, Tapes, X-Rays, or Any Images	
Expiration Date: _____ I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. If I fail to specify a date or otherwise revoke this authorization, this authorization will expire 1 year from the date signed below.	
Purpose Of Disclosure	
<input type="checkbox"/> Transfer of Care <input type="checkbox"/> Moving <input type="checkbox"/> Other	

Signature of Patient/Parent/Legal Guardian _____ Date: _____

Relationship: _____

I understand that these records may include information of a psychological, psychiatric, AIDS, HIV, alcohol, or drug related nature. I recognize that the health information disclosed may contain information that is privileged and protected by law, and I specifically consent to the disclosure of such information. All records obtained will be used solely for professional purposes, will remain confidential and may not be disclosed to third parties. This authorization may be revoked by me in writing at any time. A written cancellation in the future will have no effect on any records that may have been released prior to the receipt of the written cancellation. Information released may be subject to re-disclosure by the recipient. I permit this authorization to be valid one year. I understand that a copy of this release is as valid as the original. In consideration of this consent, I hereby release the above parties from all liability arising there from.