

Authorization to Release Information

Main Line Family Medicine

1450 East Boot Road, Suite 200A • West Chester, PA 19380 • 610-344-9650

Last: _____ First: _____ Middle: _____ Maiden: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Birth Date: _____ SSN: _____ Work # _____ Home # _____

I hereby authorize Main Line Family Medicine to **obtain from/ release to** (circle one) to the party listed below my medical records:

Name of practice: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____ Fax number: _____

Information requested to be sent: (please check below)

Progress Notes: _____ Immunization Records Only: _____
Specific Report(s): _____ Specific Date(s) of Service: _____
X-Ray Report(s): _____ Lab Reports: _____ Full Records: _____

Please specify the reason for your request: (please check below):

Moving: _____ Insurance: _____ Changing doctor-other reason: _____
Legal Reasons: _____ Employee Related: _____ Changing doctor-Dissatisfied: _____
Second opinion: _____ Surgery/Disability/Specialist: _____

I do/I do NOT (Circle One) authorize the release of information concerning testing, diagnosis, or treatment of HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome): _____ (Signature Required)

This authorization of Release of Information is effective until _____ (time/condition), or for a maximum of sixty (60 day) from the date signed below. I understand that this authorization may include information concerning psychiatric and/or drug/alcohol treatment.

Signature of Patient: _____ Date: _____
Signature of Authorized Individual by Patient: _____
Relationship to patient: _____

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed for you from records whose confidentiality is protected by Federal Law, Federal Regulations (42 CFR, Part 2), prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be subject to prosecution under Federal Law.