

New England OB/GYN Associates, Inc.
Authorization to Release/Request Patient Information

Patient Name _____ DOB _____
Address _____ City _____
State _____ Zip _____ Phone _____
NEOGA Physician _____

I authorize New England OB/GYN Associates, Inc. to disclose and deliver information from my medical record to: _____ via mail _____ via fax

Name or facility _____ Attn _____
Address _____ City _____
State _____ Zip _____ Phone _____
Fax number if information to be faxed _____

Please check the appropriate information to be released:

___ All records** ___ Visit notes/ patient history ___ Operative notes/discharge summaries
___ Lab/test results-specify type/date _____
___ Consult note-specify date _____ Other _____

- ◆ I understand that treatment and coverage is not based upon my signing this authorization.
- ◆ I understand that this authorization is subject to revocation at any time unless action based on it has already begun. This authorization expires in six months from the date of signature.
- ◆ I understand that the information may be subject to re-disclosure and may no longer be protected by federal or state law.
- ◆ I further release the persons and/or agencies named above from any liability arising from the release of this information to such persons and/or agencies, provided the said release is done substantially in accordance with applicable law.

I DO I DO NOT agree that a copy of this form is valid as the original.

> **SIGNATURE** _____ Date _____

> _____
Witness or parent/guardian signature if applicable Date

****Request for Sensitive Information** – I understand that if my medical record contains the following sensitive information I must sign below to have it released.

Drug/alcohol abuse HIV Testing
Psychiatric/Social Services Notes Hepatitis Testing
Sexually transmitted disease Testing Genetic Testing

> **Signature** _____ Date _____

I am requesting these records for the purpose of:

___ To provide ongoing treatment ___ At the request of the patient/guardian ___ Insurance/Workers Compensation
___ Legal ___ Leaving NEOGA ___ Other _____