

AUTHORIZATION TO DISCLOSE MEDICAL RECORD INFORMATION

I authorize any physician, nurse, healthcare professional, laboratory or x-ray facility, hospital or nursing facility that has provided services to me to release the medical records of:

Patient: _____ Date of Birth _____

I understand that completion of this release authorizes the above agencies to release photocopies of the following data

- Any and all medical records regarding my physical treatment.
- Lab Data
- Imaging and x-ray reports
- Hospital Records
- Any and all records, x-rays, and any other medical information relating to confidential HIV-related treatment information.
- Any and all psychiatric/psychotherapy records, mental health records, drug and alcohol treatment records.
- Other _____

However, I do not wish release of the following information, which may be contained in my medical records, to the person(s) listed below:

- No exception to this request
- Do not release the following: _____

A photocopy of the authorization may be used instead of the original.

Release to: _____ DR. _____

(Signature of patient, guardian, or authorized representative)

(date)

THE FOLLOWING NOTICE MUST ACCOMPANY DISCLOSURES:

If this consent pertains to drug or alcohol treatment, please note the following: This information has been disclosed from records protected by Federal Confidentiality rules (42 CFR Part 2). The Federal rules prohibit making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any drug or alcohol abuse patient.

IF THIS CONSENT PERTAINS TO THE HIV-RELATED INFORMATION, PLESAAE NOTE THE FOLLOWING:

This information is disclosed from records protected by State Law. State law prohibits any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by applicable State law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. HIV related information must be released in the response to a subpoena for general medical records. The release of HIV related information by court is authorized by statute.