

All About Women OB/GYN

Authorization for Release of Medical Information

Patient Name (Last, First, M.I.)

Date of Birth

Street Address

Home Phone

City State Zip Code

Other Phone (Cell or Work)

Information Release To

Information Release From

Name of Clinic	Name of Clinic, Hospital, Insurance Company, Individual
Street Address	Street Address
City State Zip Code	City State Zip Code
Phone Fax	Phone Fax

Information to be Released (Mark All That Apply)

- All medical records, excluding radiology films
- Records about specific condition: _____
- Other (please specify): _____
- Radiology reports
- Visit Notes
- Hospital records
- Lab results

All records regarding mental health and/or HIV related illnesses will be released unless indicated here: Do not release records

Dates of Information to be Released:

- Specific dates of service: _____
- Other (please specify): _____
- All clinic records
- Last 2 years
- Last 6 months
- Last year

Reason for the Release of Information:

- Transfer of Care (explain below)
- Health insurance
- Other (explain below)
- Legal/Litigation
- Second opinion
- Personal use
- Moving out of the area
- Referral for medical care

Explanation: _____

I hereby authorize disclosure of the health information for the above-named patient. This authorization is valid for twelve (12) months from the date of signature. I understand that I may cancel this request with a written notification but that it will not affect any information released prior to the notice of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or call of persons or facility receiving it and would then no longer be protected by federal regulations. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign this authorization.

Signature of Individual of Legal Guardian

Date

There may be a charge for a personal copy or the permanent transfer of your records as follows: \$0.50 per page for up to 50 pages. \$0.25 per page thereafter. Plus all shipping and postage costs per Virginia Code § 8.01-413.