2405 York Road, Suite 103 Timonium, MD 21093
443-841-7668
443-841-7644 (fax)
contactus@padoniapeds.com
www.padoniapeds.com

GENERAL MEDICAL RECORDS RELEASE AND AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: _____

Address : _____

_____

Phone : _____

SSN : _____

I hereby authorize the Medical Records Department staff of <Practice Name> to release information from my medical record to:

Name: _____ Phone: _____

Address: _____

_____

The information may be used or disclosed for each of the following purposes:

_____ At my request (only the patient can check this box)

_____ For my health care provider

_____ For payment/insurance purposes

_____ For employment purposes

_____ Changing physicians

_____ Other: _____

I authorize the release of the following records: (please check specific items)

_____ Office Visit Medical Notes

_____ Diagnostic tests (Lab, X-ray, Radiology)

_____ Consultation

_____ Pathology Results

_____ Operative Report

_____ Other: _____

This authorization shall expire no later than _____/_____/_____ or upon written request, and may not be valid for greater than one year from the date of signature.

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I understand that after the custodian of records discloses my health information, it may no longer be protected by federal privacy laws. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment; receive payment; or eligibility for benefits unless allowed by law. By signing below I represent and warrant that I have authority to sign this document and authorize its use or disclosure of protected health information (PHI) and that there are no claims or orders pending or in effect that would prohibit, limit, or otherwise restrict my ability to authorize its use.

_____ _____

Signature of patient (or patient representative) Date

_____ _____

Printed name of patient representative Representative's authority to sign for patient (i.e. parent, guardian, power of attorney, etc)