West Erie Medical Group

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Authorization for Release of Medical Information

Patient Name: ____

Address: ______________________ City: __________ State: ________ Zip: __________

Date of Birth: ______________________ Phone #: ______________________

I hereby authorize ______________________ to release my health information to:

____

____

Specific records to be released and time period:

____

A copy of the above named patient's medical records, limited to the following: (include dates of service)

____

The purpose of need to release these records for:

_______ Continuing of care _______ Transfer of healthcare _________ Other

I specifically authorize the disclosure of the following type(s) of information if it is included within the information requested above:

Mental health________ (initials) Drug/Alcohol Abuse/Treatment________ (initials) HIV status________ (initials)

This authorization will expire upon the following date or event: ______________________

(Example : 6 months, 1 year of date signed)

I understand that I have the right to revoke this authorization at any time. I may not revoke it to the extent that Hamot has already relied upon it, or if this authorization was signed as a condition of obtaining insurance coverage. In order to revoke this authorization, I understand that I must revoke in writing to Hamot. Hamot has forms for you to use if you wish to revoke this authorization at anytime before it expires.

I understand that information used or disclosed by Hamot to nay other person(s) under this authorization could potentially be re-disclosed by the person(s) receiving the information, and may no longer be subject to the privacy protections provided to me by law.

I understand that Hamot may not require that I sign this authorization in order to obtain treatment.

Date :______________________ Signature:______________________

If you are the legal representative of the patient listed above, please circle the basis for your authority and attach proof of authority:

Power of Attorney Guardian Parent Executor/Administrator Other:__________

Signature: ______________________ Date:______________________