

# AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

MR# \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the following information to be released \_\_\_\_\_

[specific description, identification of portions of records to be released, i.e. narrative summary, social work assessment, psychiatric examination, psychological evaluation, progress notes, history and physical, lab results, consultation, and/or of time periods of treatment records to be released]

**Release to:** Fort Wayne Cardiology (or any office's of)  
1819 Carew St.  
Fort Wayne, IN 46805

**or**

**Release to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information to be released may include:

- Diagnoses and/or treatment for alcohol and/or drug abuse;
- HIV test results;
- AIDS/AIDS Related Complex (ARC) diagnoses and/or treatment;
- Diagnoses and/or treatment relating to other communicable diseases

Purpose of Release: \_\_\_\_\_

**My refusal to sign this Authorization will not affect my ability to obtain treatment, payment, or enrollment in a health plan.**

This authorization will remain effective for 60 days unless an earlier date or condition or event is specified here: \_\_\_\_\_.

However, I understand that I have the right to revoke this authorization, in writing, at any time, and that the revocation will be effective except to the extent that Fort Wayne Cardiology has already taken action in reliance on my authorization. My written statement that I want to revoke my authorization should be delivered to Fort Wayne Cardiology, 1819 Carew St., Fort Wayne, IN 46805

\_\_\_\_\_  
(Signature) Individual/Guardian/Personal Representative Relationship \_\_\_\_\_

\_\_\_\_\_  
Patient's Print Name Date \_\_\_\_\_

"This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law. The Health Insurance Portability and Accountability Act of 1996 prohibit you from making any further disclosure of it without the specific and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is not sufficient for this purpose."

### For Office Use Only:

Employee releasing information: \_\_\_\_\_

Date information released: \_\_\_\_\_