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Authorization to Release Healthcare Information for Primary Care Physician

Patient's Name: _____ Date of Birth: _____

I authorize Physician & Healthcare Consulting, LLC to *(choose one)*:

RELEASE **OBTAIN** **EXCHANGE** records with:

PCP Name _____ Phone: _____ Fax: _____

Clinic Name _____

Address _____

Records to be Released (45 CFR § 164.508 (c)(1)(i)). (Check all That Apply)

- All Medical Records Recent Medical Visits (6 mths) Treatment Plan/Diagnoses
- Progress Notes Medication Records for Coordination of Care
- Lab/Procedure Reports Psychiatric/Psychological Evaluation Verbal Exchange
- Other (including date range limitations): _____

Purpose for Disclosure: Coordination of care with Primary Care Physician

This authorization shall remain in effect until: _____

I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon this authorization (45 CFR § 164.508(c)(2)(i)). I understand that treatment or payment cannot be conditioned on my signing this authorization, except in certain circumstances such as for participation in research programs, or authorization of the release of testing results for pre-employment purposes (45 CFR § 164.508 (c)(2)(ii)). I understand that my records are confidential and cannot be disclosed without my written authorization except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected. I understand that the specified information to be released may include, but is not limited to: history, diagnosis, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) (45 CFR § 164.508 (c)(2)(iii)). If this authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided.

Signature of Patient/Guardian

Date

Witness

Date