

Date: _____ / _____ / _____

Authorization for Release of Medical Information

Patient Name: _____

DOB: _____

The following Patient has recently become a patient at Lifedoc Health. I would appreciate it very much if you would send me the medical history and any information you think may be useful to to **FAX # 901-683-0086**. If you have any questions concerning this request, please contact my office at 901-683-0024.

I, _____, hereby authorize to Please Release the Following (Complete one of the following):

1. All medical and health related information _____
2. Only my medical and health related information regarding the following conditions:

Expiration Date

- The expiration date or expiration event for this authorization is _____
- If not expiration date or period is known it will expire 2 years after the date recorded below
- I understand I may revoke this authorization at any time. I also understand that any release of information made prior to my revocation and which was made in reliance upon an authorization shall not constitute a breach of confidentiality.

I understand that my medical record will include information on diagnosis/treatment related to psychiatric or psychological conditions, drug and/or alcohol abuse, AIDS and/or HIV status.

I understand and agree that the information, if any, pertaining to any such diagnosis/treatment described above may be released covered by Title 42 of the Code of Federal Regulations.

This Release of Information demonstrates compliance with the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards). **Notice of Re-disclosure:** This information has been disclosed to you from confidential records, which are protected by Federal Law. Further disclosure of this information is prohibited without the specific written consent of the person to whom it pertains. A general authorization for this release of medical or other information is not sufficient for this purpose.

My records should be under the following name:

Patient's Name

Patients Signature

Parent/ Legal Gaurdian Name

Parent/Legal Gaurdian Signature

Relationship to Patient (If other than self)