



1867 Amherst Street Winchester VA 22601 540-667-8724 FAX 540-662-5638

Authorization for Release of Medical Information

Print patient full name, Birth date (Month/Day/Year), Street address, Social security number, City, state, zip code, Phone

Parent/Guardian if patient is under 18yrs.

I _____, do hereby authorize Amherst Family Practice to release: (Patient name)

Dates of: Discharge Summary, Pathology Reports, Operative Notes, Immunizations only, History & Physical, Laboratory Reports, Radiology Reports, Entire Chart, Progress Notes, ECG/EEG/CARDIO CATH, Last 3 years, Other

I do I do NOT authorize release of information related to STD, AIDS(Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

INFORMATION RELEASED TO: Name of Company/Agency/Facility/Person, Street Address, City, State, Zip

PURPOSE OF DISCLOSURE: Referral to Specialist, Insurance, Workers Comp, Leaving Practice, Legal Investigation, Disability Determination, Personal, Relocation/Moving, Other

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 12 Months from the date of signature. I understand that I may cancel this request with written notification but that it will not effect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person, class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of individual or guardian or personal representative, Date, Of patients estate////power of attorney must be attached

NOTE: Virginia Law permits a charge for personal copy/transfer of your records. Health Port has been contracted to provide this service and will invoice you directly. Virginia State rates apply. Pages 1-50 are \$.50 per page. Pages 50+ are \$.25 per page plus required postage. PRE-PAYMENTS IS REQUIRED PRIOR TO RELEASE OF RECORDS.

MEDICAL INFORMATION RELEASED

ENTIRE, LAB, EKG, DS, EKG, IMMUNE, ROI SPECIALIST, OP, X-RAY, OTHER, HP, PATH, DATE