

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that the released information may no longer be protected by federal privacy regulations.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID Number: \_\_\_\_\_

Persons/organizations providing the information:

Persons/organizations receiving the information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION TO BE DISCLOSED**

Specific description of information (if available, please include dates of service):

_____ Entire Medical Record	_____ Office Notes
_____ Laboratory Reports	_____ X-Ray Reports
_____ Operative Reports	
_____ Other _____	

Specific description of the purpose of the use or disclosure:

_____ Continuity of Care (specialist/new PCP)	_____ Legal
_____ Disability Determination	_____ Personal Records
_____ Vocational Rehabilitation Evaluation	_____ Payment of Insurance Claims
_____ Other _____	

- I understand that my health care and the payment for my health care will not be affected if I do not sign this form.
- I understand I may revoke this authorization by notifying the providing organization in writing, but if I do, it will have no effect on any actions performed prior to the revocation. If not previously revoked, this authorization will expire in 12 months.
- I understand that I may be given a copy of this signed form if I ask for it. A photocopy or facsimile of this authorization will be treated in the same manner as the original.

\_\_\_\_\_  
**SIGNATURE OF PATIENT/GUARDIAN/REPRESENTATIVE**  
(Form *MUST* be completed before signing.)

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME OF PATIENT'S REPRESENTATIVE**

\_\_\_\_\_  
**RELATIONSHIP TO THE PATIENT**

Note: There may be a charge for the release of medical records. Our fee is based on Virginia Code 8.01-413, which requires that records be provided within 15 days, for a charge not to exceed \$20.00 plus all postage and shipping costs.