

OK to send _____

Charge _____



AUTHORIZATION FOR RELEASE OF INFORMATION

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TO: Genesis Ob/Gyn, Inc.

I hereby request and authorize you to **RELEASE** the following records: (Select either Option 1 or 2, do not select both)

_____ Option 1 All medical records concerning my care and treatment rendered by you

- Medical Records (including laboratory and x-ray reports)
- Mental Health Records
- HIV Status
- Chemical Dependency Records

_____ Option 2 Selected medical records concerning my care and treatment rendered by you (please check only the records you wish to **RELEASE**)

- _____ Medical Records (including laboratory and x-rays)
- _____ Mental Health Records
- _____ HIV Status
- _____ Chemical Dependency Records

I acknowledge that the medical records being refused and denied hereunder may contain confidential and protected information relating to HIV status, chemical dependency, or mental health treatments. I understand that these records may be otherwise protected under Federal Confidentiality Rules and hereby refuse and deny their release.

Information may be released to the following:

Signature of Patient/Legal Representative

Date

Reason for transferring records:

- _____ Transferring care permanently
- _____ Getting 2nd opinion
- _____ Insurance is changing
- _____ Moving/Moved

Are you currently pregnant? Yes No

Print Patient Name

Social Security #

Name and Relationship of Legal Representative

Patient's Date of Birth

I authorize expiration of this consent on the specified date, event, or condition: _____

Notice: This consent can be revoked at any time by written request. In any event this consent shall expire 90 days from the date of execution if not otherwise specified above.

Notice: Information relating to HIV status, chemical dependency, and/or mental health, disclosed to the aforementioned, if any, is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical records is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.