Laurel Ob/Gyn
A Tradition of Personal Care

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

_____ _____
PRINT PATIENTS FULL NAME DATE OF BIRTH

_____ _____
STREET ADDRESS CITY

_____ _____
STATE, ZIP PHONE NUMBER

Release Information **FROM:**

_____
Name of Company/Agency/Facility/Person

_____
Street Address

_____
City, State, Zip Code

_____
Fax Number

___ HISTORY AND PHYSICAL ___ LAB RESULTS ___ BONE DENSITY
___ PROGRESS NOTES ___ RADIOLOGY REPORTS ___ ER NOTES
___ OTHER _____ _____
_____ _____

Release Information **TO:**

Laurel OBGYN
41 Oakland Rd, STE 200
Asheville, NC 28801
(828) 253-9087

PURPOSE OF DISCLOSURE:

___ REFERRAL TO SPECIALIST ___ INSURANCE ___ WORKERS COMP ___OTHER
___ LEGAL INVESTIGATION ___ PERSONAL ___ DISABILITY DETERMINATION
___ CHANGE OF DOCTOR

In order to better assist you and our other patients please list the reason(s) you are leaving our practice:

_____
_____

I hereby authorize disclosure of the health information for the above patient. I authorize release of information related to AIDS or HIV, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse. 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 affect 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 or 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 is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

_____ _____
Signature of individuals or guardian or Personal Representative of patient's estate **Date**

Federal and state laws permit a fee to be charged for the copying of patient's records. This fee is based on a per page amount. Laurel Ob-Gyn will contact you and let you know how much your fee is before we send them out.
****OFFICE USE ONLY**** AMOUNT CHARGED $_____ *** PAID CA/CHK#_____/CC***INTINALS_____*