Allergy & Asthma
DIAGNOSTIC OFFICE

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PATIENT AUTHORIZATION FOR RELEASE OF RECORDS

PATIENT NAME: _____
Patient Complete Address: _____
Birthdate: _____ Phone #: _____

The purpose of this release information for:

- □ Transfer of Records to another Provider for **Transfer of Care**
  - ***Reason for transfer*** _____
- □ Copy of Records to another Provider for treatment~ **Continuity of Care**
- □ Attorney
- □ Insurance Claims Information
- □ Other (Describe) _____

Specific information to be released:
□ Medical Record from _____ to _____
□ Entire Medical Record, including patient histories, office notes, test results, radiology studies, consults, billing records, insurance records, and records sent by other health care providers.
□ Other: _____
_____

**** Authorization to Discuss Health Information:**
By initialing here _____, I authorize the Allergy & Asthma Diagnostic Office to discuss my health information with:
Initial

_____ _____
Name of Individual Relationship to Patient

*****(RECORDS WILL ONLY BE FAXED TO ANOTHER PROVIDER OFFICE. **Medical records can take up to 14 days to process.***

Release Information To:
Name: _____

Address: _____

Phone#: _____ Fax#: (only another Provider office) _____

I understand the following (Please initial all statements)

_____ I understand that I am authorizing the use of my individually identifiable health information. I understand that if my health information is used or disclosed, the information released may no longer be protected by HIPAA privacy regulations.
_____ You may be charged up to **$0.75 per page** for records**. If information is to be mailed, there will be a charge for the cost of mailing.**
_____ I understand that I have a right to refuse to sign this release, however my information will not be sent to the requesting agency.
_____ This Authorization of Release will expire in 1 year (365 days) from the date signed, unless otherwise noted.

_____ _____
Signature of Patient or Patient's Legal Representative Date

_____ _____
Printed Name Relationship of Patient Legal Representative