



**AUTHORIZATION TO RELEASE AND DISCLOSE
PATIENT INFORMATION**

Patient Information	Name: _____ DOB: _____ Address: _____ Phone: _____ Email Address: _____ City: _____ State: _____ Zip: _____
(Clinic/Hospital/Health Care Provider) <i>Where are the records from?</i>	Physician/Person/Facility Name: _____ Address: _____ Phone: (____) _____ _____ City: _____ State: _____ Zip: _____ Fax (____) _____
(In House Clinic) <i>(Where do the records go to?)</i>	<div style="border: 1px solid black; width: 300px; height: 80px; margin: 0 auto; text-align: center; color: lightblue; font-size: 1.2em;">STAMP HERE</div> <div style="margin-left: 200px;"> Location: _____ _____ Fax: _____ Phone Number: _____ </div>
Information to be Released <i>(What do you want sent?)</i>	<u>Record Types Only:</u> <input type="checkbox"/> Radiology Reports <input type="checkbox"/> Progress Notes <input type="checkbox"/> Operative Reports <input type="checkbox"/> Billing Records <input type="checkbox"/> Lab Reports <input type="checkbox"/> Medication Record <input type="checkbox"/> Other _____ Date Range for Release: Start Date: _____ End Date: _____
Purpose of Release	<i>Reason for the release of information:</i> _____ _____ _____ _____

DISCLOSURE

I authorize the use and disclosure of my health information as instructed above. I understand that if the person or organization I authorize to receive the information is not my provider or my health plan, the information is no longer protected by federal regulations and could be re-disclosed. I also understand that I may revoke this authorization at any given time unless it has been acted upon with reliance. Your signature indicates that you read and understand this form, therefore you authorize LAGS Medical Centers providers to use or disclose the information as instructed above.

THE RELEASE OF MEDICAL RECORDS TAKES 7-10 BUSINESS DAYS. I UNDERSTAND THERE MAY BE A CHARGE FOR MULTIPLE COPIES OF MY RECORDS.

Patient Name

Patient's Rep Name

Date

Patient's Signature

Patient Rep Signature

Date