Margie Corney, MD, PC

Obstetrics and Gynecology

817B Greenbrier Parkway
Chesapeake, Virginia 23320
(757) 548-2800 office (757) 548-9581 fax

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

_____ _____
Print patients full name Birth date (Mo/Day/Yr)

_____ _____
Street address Social Security Number

_____ _____/_____
City, State, Zip Code Phone Cell

I, _____, do hereby authorize _____

to release copies of:

_____OBY/GYN NOTES	_____PATHOLOGY REPORTS	_____ALL RECORDS
_____OTHER DOCTOR NOTES	_____LABORATORY REPORTS	_____OTHER_____
_____PROGRESS NOTES	_____RADIOLOGY REPORTS	_____
_____HOSPITAL NOTES	_____MAMMOGRAMS	_____

____I DO _____I DO **NOT** authorize release of information to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

INFORMATION RELEASE TO: **MARGIE CORNEY, MD**
817 GREENBRIER PARKWAY, SUITE B
CHESAPEAKE, VIRGINIA 23320
(757) 548-9581fax

PURPOSE OF DISCLOSURE

____REFERRAL TO SPECIALIST	____INSURANCE	___WORKERS COMP
____LEGAL INVESTIGATION	____DISABILITY DETERMINATION	___PERSONAL

____TRANSFERRING PROVIDERS /REASON_____

I hereby authorize disclosure of the health information for the above named patient. 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 the 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 authority is furnished may not condition its treatment of me on whether or not I sign the authorization.

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

*OFFICE USE: DATE REQUEST/RECORDS SENT:*_____ *SENT BY:*_____

RE 7/14