

MORE MD

Records Release Form

Patient Name:

D.O.B: ____ / ____ / _____

Address:

Phone #: _____

Fax #: _____

I authorize MORE MD to release information contained in my medical records to:

Physician's Name:

Address:

Phone #:

Fax #:

Purpose of this release:

- | | |
|---|---|
| <input type="checkbox"/> Personal use | <input type="checkbox"/> Continuing care |
| <input type="checkbox"/> Temporary transfer | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Permanent transfer | |

Specific information to be disclosed:

- | | |
|--|---|
| <input type="checkbox"/> Last 3 Office Notes | <input type="checkbox"/> Last Colonoscopy |
| <input type="checkbox"/> Recent Labs | <input type="checkbox"/> Last Echo/Dopplers |
| <input type="checkbox"/> Last EKG | <input type="checkbox"/> Pertinent X-Rays/Imaging |
| <input type="checkbox"/> Last NCV | |

I understand that medical information may include if applicable: Alcohol and/or drug abuse and/or mental health treatment information protected under the regulation in Title 42 of Code of Federal Regulations Part II. Information about Human Immunodeficiency Virus - HIV, acquired immunodeficiency syndrome - AIDS, and AIDS related complex - ARC, as defined by Department of Public Health rules (1989 Public act 174), third party information. I understand that I may revoke this authorization at anytime by notifying Sunrise Medical Associates in writing, otherwise, it will remain in effect for a period of 12 months from the date signed. This authorization pertains to fulfillment of the above stated purpose(s). Covered entity will not condition treatment, payment, enrollment or eligibility. I understand that information disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected by HIPAA's privacy rule protections.

I have read the above, and acknowledge that I am familiar with and fully understand the terms and condition of this authorization.

Patient, Parent, or Guardian Signature

Date
