



Authorization for Release of Medical Records

Please check the box of who you would like your medical records released to from the list below.

<input type="checkbox"/>	Release my entire medical record to me, the patient
	Printed medical records will be paid at a standard flat rate of \$10 (to cover research/handling and postage) then \$0.50/page for the first 50 pages and \$0.25 per page thereafter for over 50 pages. Printed medical records can be mailed to the patient or picked up from our office. Records will not be released until payment is made. As a reminder, patient records are available free of charge from the Patient Portal.

<input type="checkbox"/>	Release my entire medical record to a Physician's Office
	Send my complete medical record to the physician listed below: Physician Name: _____ Address: _____ _____ Phone number: _____ Fax number: _____

- o Medical Records requests are completed within 30 days from the dated request
- o This completed request can be mailed, dropped off or faxed to the Medical Records Department.

Printed Patient Name

Date of Birth

Patient Signature

Date

MEDICAL RECORDS FAX: (XXX) XXX-XXXX