PATIENT NAME LAST		FIRST	MI	
DATE OF BIRTH	SOCIAL	SECURITY NUMBER	₹	
ADDRESS	•			
CITY		STATE	ZIP	
PHONE		HISTORY NUMBER	OFFICE USE	
DESCRIPTION OF INFO	RMATION TO BE RELEA	ASED OR TREATMEN	T DATES	
PURPOSE OF AUTHORI	IZED DISCLOSURE		METHOD	Released by:
□ Continuity of Care	□ Patient Request	□ Social Security	□ USB Drive □ Email	
□ Insurance Claim	□ Worker's Comp.	□ Employer Request	□ CD □ Paper	
□ Attorney Inquiry	□ Other :	<u> </u>		(initials)
RELEASE TO PERSON/	ORGANIZATION			
ADDRESS	ORGANIZATION			
		OTATE	710	
CITY		STATE	ZIP	
INFORMATION TO BE R	EFI FASED			
	(includes all * items if con	tained in record)		
⊐*Face Sheet	□*Consult	□*Radiology Report	□ Office Visit Note	□*EKG Report
□*Discharge Summary	□ *Pathology Report	□*Lab Report	□ Physical Therapy	□ Entire Chart
,	<b>37</b> 1		, , , , , , , , , , , , , , , , , , , ,	
□*History & Physical	□*Operative Report	□ Radiology Images	□ Scope Images	
□ Other :	□*Operative Report	□ Radiology Images	□ Scope Images	ees to release
I the undersigned, authorize information from my medical reinformation regarding psychiatric AIDS-related conditions, alcohold also understand that information may no longer be protected.  My failure to thoroughly control this authorization for release or notice, provided the said notice authorization, please contact the	cords as described above. I unic disorders, Human Immune Vol, and/or drug dependence/abuation used or disclosed according the supplete and sign this authorized information is valid for 60 days of revocation is received prior	(Disclost derstand and acknowledge firus (HIV) test results, Acquase and authorize the releasing to this authorization may result in my infection date of signature, unline to release of information. If grent-Medical Records Depart	sing Institution) and its employ that the medical record may coired Immune Deficiency Synd e of the same pursuant to this be subject to re-disclosure by formation not being released ess revoked by me through we you need assistance in revoking the same pursuant to this be subject to re-disclosure by formation not being released ess revoked by me through we you need assistance in revoking the same provided in the same pursuant to this same provided in the same pursuant to the same pursuant	ontain rome (AIDS), s authorization. the recipient and d. ritten ng this
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