

RELEASE OF MEDICAL INFORMATION



Authorization to release TO MyCatholicDoctor

Patient Name (First Name, Middle Initial, Last Name): _____

Other Aliases: _____

Date of Birth (MM/DD/YY): _____ Social Security: _____

Address (number, street & apt. or suite no., City, State & Zip):

Phone Number: _____ E-mail address: _____

I hereby authorize the following health care professional, medical facility, mental health facility, laboratory, paramedical facility, medical examiner, medical records service, prescription history clearing house, consumer reporting agency, employer, or family member to release all health information about me:

Person/Organization to Release Information _____

Phone Number _____ Fax Number: _____

Address (Number, Street, City, State & Zip Code)

The following person/organization is hereby authorized to receive my entire medical record, treatment record and diagnostic record:

MyCatholicDoctor, PLLC
1180 Newfield Ave
Stamford CT 06905

Phone Number: (888)822-8436

Fax Number: (844) 689-5311

The following health information may be released:

Entire medical record (including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent by other health care providers)

I further understand that my medical record may include one or more of the following:

- Treatment of communicable diseases, including sexually-transmitted diseases, tuberculosis, or hepatitis
- Treatment related to AIDS/HIV
- Mental health treatment or psychological conditions
- Alcohol or substance abuse treatment
- Genetic testing

The above person/organization, its employees, representatives and any other persons performing services for them or on their behalf, may need to obtain, use or disclose any and all information about my physical and mental health, including but not limited to, services for preventative, diagnostic and therapeutic care, tests, counseling, and medical prescriptions.

I understand and agree that health information about me, which is used or disclosed pursuant to this authorization, may be subject to re-disclosure by the recipient and may no longer be protected by law. This authorization is valid for 90 days following the date of my signature shown below. A copy, electronic copy, image, or facsimile of this authorization is as valid as the original. I have the right to revoke this authorization in writing at any time. I acknowledge that such a revocation is not effective to the extent the above person/organization has relied on the use or disclosure of my health information.

By my signature below, I acknowledge that any prior agreement I have made to restrict or limit the disclosure of information about my health does not apply to this authorization.

I have read (or have had read to me) this authorization, and I agree to its terms as indicated by my signature below. I am entitled to a copy of this authorization

Patient's Name (printed): _____

Patient Signature: _____
(or signature of person with authority to consent for patient)

Date: _____

WHAT IS A MEDICAL RECORDS RELEASE?

A medical records release is a written authorization for health providers to release medical information to the patient as well as someone other than the patient. The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state laws mandate that health providers not disclose a patient's medical information without a valid authorization except in limited circumstances as required or permitted by law.

A medical records release is not valid unless it contains ALL of the required elements and statements required by the HIPAA privacy rule.

WHEN IS IT NEEDED?

Medical records are the health provider's primary business records, but they are also confidential records of information in which disclosure is partially controlled by the patient.

You need medical records release when releasing medical information NOT related to the following:

- Patient's Medical Treatment
- Payment for Medical Treatment
- Healthcare Operations

In addition, health providers have a right to charge for the "reasonable costs" of copying patient medical records.

COMMONLY USED SITUATIONS

Medical information is often requested for the following purposes:

- **Insurance:** Insurance companies use medical information to underwrite life and health insurance policies, pay bodily injury claims, and pay workers compensation claims.
- **Continued treatment:** When a patient is referred to a specialist or moves and switches health providers, the new provider will want to review the patient's medical history.
- **Legal:** In personal injury cases, medical records provide proof of physical injuries, help calculate damages, and allow medical experts to determine the cause of injuries or, in a medical malpractice case, to determine whether the health provider exercised reasonable care.
- **Employer:** In the workplace, employers conduct pre-employment exams and lab tests that relate to specific job requirements, use medical information to determine job fitness, and document sick leave.
- **Research:** Clinical trials and medical studies use identifiable medical information to conduct research.
- **Medical Marijuana:** Your doctor will likely record a need for medical marijuana in your medical records. If a dispensary needs additional proof, a medical records release may need to be provided.

WHAT SHOULD BE INCLUDED

To be valid, a simple medical records release must include at least the following:

- **Authorized Request:** The names or other specific identification of the person authorized to make the requested disclosure.
- **Recipient:** The names or other specific identification of the recipient of the medical information.
- **Specific Information:** A description of the medical information to be used or disclosed, identifying the information in a specific and meaningful manner.
- **Risk of Disclosure:** A statement of the potential risk that medical information will be re-disclosed by the recipient and no longer protected.
- **Expiration:** Expiration date or expiration event that relates to the patient or to the purpose of the use or disclosure.
- **Revocation:** A statement of the patient's right to revoke the authorization.
- **Purpose:** A description of each purpose of the requested use or disclosure.
- **Refusal to Sign:** Whether treatment, payment, enrollment, or eligibility of benefits can be conditioned on the authorization and consequences of refusing to sign the release.
- **Date and Signature:** If the patient's authorized representative signs the release, a description of the authorized representative's authority to act for the patient must also be provided.

A Medical Records Release is known by other names, including: Authorization to Release Medical Records, Medical Authorization, Request for Medical Records, Authorization for Disclosure of Protected Health Information, Authorization to Disclose Health Information, HIPAA Release, HIPAA Authorization.