

# MEDICAL RECORDS RELEASE AUTHORIZATION



Date

Name

Date of Birth

## Effectivity of Consent

---

Date From

Date To

Person Allowed to Disclose Information

Purpose of Disclosure of Information

## Medical Information to be disclosed

- All Medical Records
- Ambulatory Clinic Records
- Medical Consultations
- Dental Records
- Discharge Records
- Emergency Records
- Financial Records
- Medical History & Physical Exams
- Imaging Reports
- Laboratory & Pathology Reports
- Operation Reports
- Progress Notes
- Psychological Tests

## Other Information allowed to be disclosed

- I give consent to the release of my HIV/AIDS testing information if there is any
- I give consent to the release of information pertaining to drugs and alcohol
- I give consent to the release of my genetic information and family background information
- I give consent to the release of information pertaining to mental health diagnosis or treatment.

Completion of this document authorizes the disclosure and use of health information about you. Failure to provide all the information requested may invalidate this authorization.

### **Use and Disclosure of Health Information**

I hereby authorize \_\_\_\_\_ to release to \_\_\_\_\_ with an address of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ the abovementioned information.

This authorization expires on \_\_\_\_\_.

### **My Rights**

I may inspect or obtain a copy of the health information that I'm being asked to allow the use or disclosure of.

I may revoke this authorization at any time by submitting a written notice to the following mail address:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

My revocation shall take effect upon receipt, except to the extent that others have acted in reliance upon this authorization.

**Signature of Patient / Subject**

**Signature of Parent / Guardian**

**Date Signed**

**Date Signed**



This document is a PDF copy of **Medical Records Release Authorization** template. You can edit it with **Jotform Sign** and convert to an eSign document with **Jotform Sign**.



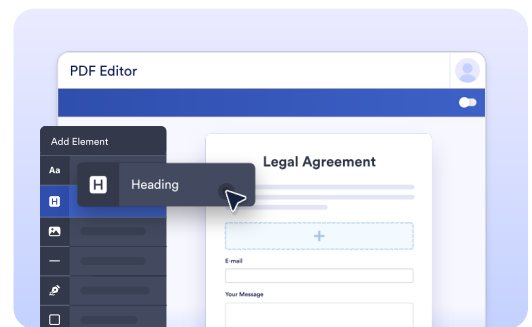
## Learn More About Jotform PDF Products

Jotform offers powerful PDF solutions. Check them out below.

### Jotform PDF Editor

Turn form submissions into PDFs automatically ready to download or save for your records.

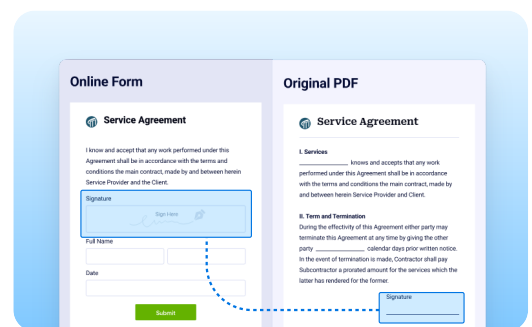
[jotform.com/products/pdf-editor/](https://jotform.com/products/pdf-editor/)



### Smart PDF Forms

Convert your PDF files into online forms that are easy to fill out on any device.

[jotform.com/products/smart-pdf-forms/](https://jotform.com/products/smart-pdf-forms/)



### Jotform Sign

Collect e-signatures with Jotform Sign to automate your signing process.

[jotform.com/products/sign/](https://jotform.com/products/sign/)



These templates are suggested forms only. If you're using a form as a contract, or to gather personal (or personal health) info, or for some other purpose with legal implications, we recommend that you do your homework to ensure you are complying with applicable laws and that you consult an attorney before relying on any particular form.