Endocrinology Associates, Inc
1030 South Jefferson Street, Suite 200
Roanoke, VA 24016

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AUTHORIZATION TO RELEASE OR OBTAIN MEDICAL INFORMATION

PATIENT NAME:_____CHART NO: _____DOB_____
ADDRESS:_____ CITY_____ STATE_____
PHONE# _____SS#_____

RELEASE TO:
I authorize Endocrinology Associates to release information contained in my Medical record to:

_____
Name of Facility

_____
Address

_____
City State Zip Code

Phone#( )_____
Area Code

Fax# (____)_____
Area Code

OBTAIN FROM:
I authorize the following healthcare facility to release my medical records to Endocrinology Associates:

_____
Name of Facility

_____
Address

_____
City State Zip Code

Phone# ( )_____
Area Code

Fax# (_____)_____
Area Code

INFORMATION TO BE RELEASED:

Clinical Progress Notes_____ Complete Medical Record_____ X-ray Reports:_____
Laboratory Reports: _____ EKG Reports:_____Other _____

PURPOSE OF RELEASE:
Transfer of Care:_____Continuity of Care: _____Referral to Specialist_____
Doctor's Request_____ Personal: _____ Other:_____

_____I DO_____I DO NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment and treatment for alcohol and/or drug abuse.

I hereby authorize disclosure of the health information for the above patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by Federal Regulations.

_____ **Date_____**
Signature of individual or guardian or Personal Representative of patient's estate

NOTE: <u>There will be a charge for a personal copy or the permanent transfer of your records. Smart Corporation has been contracted to provide this service and will invoice you directly.</u>