



Lori L. Davidson, MD, FACOG

### AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Maiden/Previous: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize and consent to disclosure of health records as stated below. I am aware that the records disclosed might be records whose confidentiality is protect by either Federal Regulations (42 C.R.F., Part 2) or State Regulations (IC. 16-39-16). The records may include alcohol and or substance abuse and mental health documentation as well as HIV results.

1. Information to be disclosed (date of service): \_\_\_\_\_

- Office Visit/Progress Notes
- Laboratory Reports
- Radiology Reports (x-rays, CT, MRI etc . . .)
- EKG/Cardiac Testing
- Other: \_\_\_\_\_

2. **I authorize the release of information protected by Federal and State Regulations including alcohol/substance abuse, mental health documentation, and HIV results. I understand there will be a charge for the copy of these records as follows: \$15.00 copy fee which includes first 10 pages, \$.25 per additional page, and actual postage fee. Please add \$10.00 for expedited requests.**

**Patient Signature:** \_\_\_\_\_

3. I authorize \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

to release information to \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

4. The purpose or need of this disclosure is:

- Change of insurance or physician
- Continuation of care (i.e. PCP, pregnancy)
- Referral
- Other: \_\_\_\_\_

5. This authorization is valid for as long as reasonably necessary to fulfill the purpose for which it is given. This will not exceed 60 days.

6. This authorization may be revoked at any time, except to the extent that action has already been taken.

7. Information to be released in the following manner. Please circle one:

Verbally

Photocopy

Faxed

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_