# AUTHORIZATION TO DISCLOSE MEDICAL RECORDS

## Please fill out completely

Patient's Name: _____

Date Of Birth: _____ Social Security #: _____

Address: _____

_____

Phone Number: _____

I Authorize _____
(Name of Facility/ Health Care Provider)

_____
(Complete Address of Facility/ Health Care Provider)

_____

Phone #: _____ Fax #: _____

To Release My Records To: _____
(Name Of Recipient)

_____
(Complete Address Of Recipient)

Phone Number: _____ Fax Number: _____

Information Or Records To Be Released:
Lab Reports Most Recent 5 Year History Entire Medical Record
Other: _____

This authorization shall be in effect until the information has been forwarded as requested or for 1 year.
Patient Rights:
I have the right to revoke this authorization at any time. I may inspect or copy the protected health information to be disclosed as described in this document. Revocation is not effective in cases where the information has already been disclosed but will be effective going forward. Information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. I may refuse to sign this authorization and that my treatment will not be conditioned on signing.

**I understand released information may include a communicable disease diagnosis such as HIV, substance abuse, STD, Mental Health, Adoption, or GINA testing INITIAL_____**

***Verisma is the company who will now be handling our medical records copying. All fees will be paid directly to them. Attached is a copy of their fee schedule. Cost for transferring records is the responsibility of the patient. INITIAL _____***

_____ _____
(Date) (Signature Of Patient Or Person Authorized By Law)

# FEE FOR COPYING PATIENT RECORDS

We have contracted with **Verisma** to process your request for medical records.

The charge for service is:

$.50 per page up to 50 pages. Then an additional $.25 per page from 51 & plus a $5.00 handling fee.

All fees are based on HIPAA guide lines.

Please allow 5 to 10 business days for records to be received by the requestor.

You will receive an invoice from Verisma for services rendered.

Verisma Customer Service number is 1-866-305-4435