



MEDICAL RECORDS RELEASE

Today's Date: _____

Patient's Name: _____

Date of Birth: _____

I, the undersigned, authorize the release of, or request access to the information specified below from the medical records of the above named patient.

Patient information is needed for:

- Continuing Medical Care
Insurance
Legal Purposes

- Military
Personal Use
School

- Social Security/Disability
Chronic Care Management
Other: _____

Information to be released or accessed:

- History & Physical
Operative Reports
Lab/Path Reports

- Consultation Report
Discharge/Death Summary
X-Ray Reports/Images

- Medication History
Face Sheet
Other _____

The above information may be released and disclosed to the following individuals or organizations:

MedCorps Asthma & Pulmonary Offices - FAX:(844) 883-0058 or _____;

NAME:

ADDRESS:

PHONE#:

Who are we getting your records from?

Phone Number

Address {Street, City, State and Zip}

Fax Number

I understand that my records are confidential and cannot be disclosed without my written consent, except when otherwise permitted by law. Information used or disclosed prior to this authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that the specified information to be released may include but is not limited to history, diagnoses, and/or treatment of drug/alcohol abuse, mental illness, or communicable disease.

I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization. This authorization will expire in 12 months from date of my signature, unless I revoke the authorization prior to that time.

Signature of Patient or Legally Authorized Representative

Date:

Printed Name of Patient or Legally Authorized Representative

Relationship to Patient

100 Kings Way East, #D1
Sewell NJ 08080
(856) 352-6572 - Office
(856) 352-6710 - Fax

211 S. Main St. #203
CapeMay Court House, NJ 08210
(609) 778-2744 - Office
(609) 778-2579 - Fax

222 New Road. #201
Linwood, NJ 08221
(609) 788-8953 - Office
(609) 904-6929 - Fax

910 Kenton Station Dr,
Maysville, KY 41056
(606) 759-9424 - Office
(606) 759-1118 - Fax