ethridge
Plastic Surgery

MEDICAL RECORDS RELEASE FORM

I,_____, hereby authorize Ethridge Plastic Surgery to release confidential medical information to:

DISCLOSE TO:

☐ Self/Patient
☐ Health Care Provider
☐ Other:_____

DISCLOSE INFORMATION TO:

Name, Health Care Provider, Other:_____
Address:_____ City:_____ State:_____ Zip Code:_____
Phone:(____)_____ Email:_____

☐ **Mail** Records to Above Address ☐ **Email** Records to Above Email Address

PATIENT INFORMATION:

Patient Name:_____ Date of Birth:_____
Address:_____ City:_____ State:_____ Zip Code:_____
Phone: (____)_____

INFORMATION TO BE DISCLOSED:

☐ Implant Information and Operative Report
☐ Specific Records (Photos, Operative Report, Etc):_____
☐ Complete Medical Records (additional fees may apply)

I DO NOT WANT THE FOLLOWING INFORMATION DISCLOSED (as defined by applicable state and federal laws):

☐ Alcohol/Drug Abuse ☐ HIV Test Results ☐ Mental Health / Developmental Disabilities

PURPOSE OF AUTHORIZATION:

☐ Personal (at my request) ☐ Transfer to Health Care Provider ☐ Other:_____

$25.00 Copy Fee Applies

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION: I am aware that I have the right to inspect and receive a copy of the health information. I have authorized to be used and/or disclosed by this Authorization. I understand that I will be charged $25 for all photocopies associated with the reproduction of such records. I am aware that I may revoke this Authorization by notifying Ethridge Plastic Surgery in writing. However, I understand that my revocation will not be effective as to uses and/or disclosures: (1) already made in reliance upon this Authorization; or (2) needed for an insurer to contest a claim/policy as authorized by law if signing the Authorization was a condition to obtaining insurance coverage. I realize that the information used and/or disclosed pursuant to this Authorization may be subject to re-disclosure and no longer protected by federal privacy law.

Signature of Patient/Legal Representative:_____ **Date:**_____

For Office Use Only

Completed by:_____ ☐ ***Email*** ☐ ***Mail*** ***Date Released:***_____