



Let Our Family Care For Your Family

Patient Name \_\_\_\_\_

Doctor Name \_\_\_\_\_

493 Blackwell Road, Suite 202, Warrenton, Virginia 20186 • Tel: (540) 347-4400 • Fax: 540-341-4249

### Authorization for Release of Information

I hereby authorize Piedmont Family Practice to disclose the following protected health information to:

Physician/Practice \_\_\_\_\_ OR/Patient \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Pick up  or Mail

The information to be disclosed should include the following:

- Any or all information in my medical record my physician thinks is appropriate
- Information limited to dates of service before \_\_\_\_\_
- Information limited to dates of service after \_\_\_\_\_
- Services related to the following: \_\_\_\_\_

Do **not** send any information relating to

- AIDS, ARC, or HIV Infection
- Alcohol or Drug Abuse
- Mental Health Disorders

Reason for Request:

- Medical Request (Continuing Care)
- Health Insurance Request
- Legal Request
- Medical Request (Transferring Care)
- Life/Disability Insurance Request
- Personal Request
- Other Request

If transferring, why?

- Changing to a practice out of the area
- Changing to a different practice in this area (locally). If changing locally, why?

- Insurance - change to: \_\_\_\_\_
- Dissatisfied with current physician/practice. Reason: \_\_\_\_\_
- Other \_\_\_\_\_

This authorization shall be in force and effect until

- Revoked by me
- The following specific date: \_\_\_\_\_
- The following: \_\_\_\_\_

at which time this authorization to use or disclose this protected health information expires.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to: The Piedmont Privacy Contact, 493 Blackwell Road, Suite 202, Warrenton, VA 20186. I understand that a revocation is not effective to the extent that Piedmont Family Practice has already relied on this authorization to use or disclose the protected health information.

