AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Name of Facility or Person: _____

Address: _____

Telephone Number: ( ) _____- _____

THE PURPOSE FOR THIS RELEASE:

You are hereby authorized to furnish and release to Angel Longevity Medical Center all information from my medical, psychological, and other health records with no limitation placed on history of illness or diagnostic or therapeutic information, including furnishing the photocopies of all written documents pertinent thereto.

In addition to above general authorization to release my protected health information, I further authorize release of the following information if it is contained in those records:

Alcohol/drug abuse: O Yes O No Communicable disease related information, including AIDS or ARC Diagnosis And/or HIV or HTLA- III related test results or treatment: O Yes O No
Genetic Testing: O Yes O No

Note: with respect to drug and alcohol abuse treatment information , or records regarding communicable diseases related information, the information is from confidential medical records which are protected by state and federal laws that prohibit further disclosure without specific written consent of the person to whom they pertain, or as otherwise permitted by law. A general authorization for the release of the protected health information Is not sufficient for this purpose.

This authorization can be revoked in writing at any time except to the extent that disclosure made in good faith had already occurred in reliance on this authorization.

I hereby release Angel Longevity Medical Center, its employees, agents, managing members, and the attending physicians from legal responsibility or liability for the release of the above information to the extent authorized. A copy of this authorization is as valid as the original.

I understand there may be a fee for this service depending upon the number of pages to be photocopied. However, no such fees will be charged if these records are requested for continuing medical care.

Name: _____ DOB: _____

Please print

Signature: _____ Date: _____