RediClinic®

Authorization for Release of Medical Records

PATIENT INFORMATION (Please print)

Patient Name				Date of Birth / /
Address	City	State	Zip	Phone

RELEASE FROM: Name of facility releasing information

I authorize release of my medical records by RediClinic staff from RediClinic, LLC

PO Box 360321 Pittsburgh, PA 15250

RELEASE TO: Name of patient, physician, or facility receiving information

Please provide my medical records: by mail [ ] by fax [ ]

Send to:				Phone
Circle one: patient, parent, guardian, conservator, physician, or patient representative				
Address	City	State	Zip	Fax

RELEASE INFORMATION

Reason: [ ] Change of insurance [ ] Moving out of area	[ ] Transfer of care [ ] Specialist consult	[ ] At request of Patient [ ] Legal

Please release the following (*check all that apply **and** provide dates of service*):

Medical Chart [ ]	/ /	Lab Report [ ]	/ /
Billing Record [ ]	/ /	Other (describe) [ ]	/ /

> Incomplete information will delay processing.

> Use of this information for any other than the stated purpose is prohibited.

> This information is for the use of the designated recipient only.

AUTHORIZATION

I authorize the release of all information indicated and I am aware that the records released may contain information relating to psychiatric or psychological testing, physical abuse, or drug and alcohol abuse. I understand that RediClinic may not condition treatment on my completion of this authorization form. I understand that to the extent any recipient of this information is not a "covered entity" under state of federal law, the information may no longer be protected once it is disclosed to the recipient and may be subject to re-disclosure by the recipient.

	YES	NO	Initials
I authorize the release of my HIV/HTLV/Aids status.			

Signature	Date / /
Circle one: patient, parent, guardian, conservator, physician, or patient representative	
Printed Name	

Note: This authorization is valid for 90 days. The signer may revoke it at any time by submitting a written request to RediClinic Privacy Officer, 30 Hunter Ln, Camp Hill, PA 17011 The revocation will be effective upon receipt except to the extent RediClinic has already relied on the authorization.