



His Branches Health Services

Grace Family Medicine

340 Arnett Blvd., Rochester, NY 14619
Phone: (585) 235-2250 • Fax: (585) 235-0011
Web: www.gfm3.org

Joy Family Medicine

918 N Goodman St., Rochester, NY 14609
Phone: (585) 697-0004 • Fax: (585) 697-0046
Web: www.joymed.org

CONSENT FOR RELEASE OF MEDICAL RECORDS

Patient's Full Name: _____

Social Security Number: _____

Date of Birth: _____

PLEASE RELEASE COPIES OF MY MEDICAL RECORDS

(Please provide complete Office/Clinical/Hospital Address plus Phone and Fax numbers)

FROM:

TO:

Grace Family Medicine or

Joy Family Medicine

(contact information in letterhead)

PHONE: _____

FAX: _____

Purpose of Release: ___ Treatment ___ Legal ___ Insurance Coverage ___ Personal ___ Other _____

Use/Disclosure: ___ One Time Disclosure **OR** ___ Periodic Use

Information to be disclosed:

___ All Records ___ Progress Notes ___ Psychiatric Information ___ Assessments ___ Medical Information

___ Treatment Plans ___ All Laboratory Results (including pathology and Pap results) ___ Immunizations

___ All Radiological Results ___ HIV-related info ___ Alcohol/drug treatment information

___ Other _____

Information may be released by: ___ Fax ___ Copy ___ Verbal Means ___ Other _____

By signing below, I understand that:

- My right to health care treatment is not conditioned on the authorization.
- I may revoke this authorization at any time, in writing to the address provided above. This cancellation will not apply to already released information.
- If the recipient is not a healthcare or medical insurance provider, covered by the privacy regulations, the information indicated above may be re-disclosed.
- Psychiatric and alcohol/drug treatment info is protected under Federal and State Regulations and cannot be disclosed without my written authorization.
- The release of HIV-related information requires additional authorization if not already indicated above.
- There may be a charge for the requested records.

(Signed) Patient or Legal Representative

Date: _____

(Please Print Name)