

# Authorization for Release of Medical Records

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SSN \_\_\_\_\_

I hereby authorize LifeTime Health Center to release or obtain medical records (confidential information) to/from:

Name of Doctor or Facility \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Information to be sent or obtained:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> All Records | <input type="checkbox"/> EKG              |
| <input type="checkbox"/> Lab         | <input type="checkbox"/> Hospital Records |
| <input type="checkbox"/> Path        | <input type="checkbox"/> Progress Notes   |
| <input type="checkbox"/> Radiology   | <input type="checkbox"/> Other            |

In keeping with our duty to protect our patient's confidentiality, this facility will not release any medical information without a signed Authorization for Release of Medical Records form. I understand that I may revoke this authorization in writing at any time prior to the information specified above being released. A parent or legal guardian will be required to sign the Authorization form if the patient is a minor or has been adjudicated incompetent to manage his or her own personal affairs, and an attorney has been appointed for the patient. This authorization does not expire.

Pursuant to state and federal law, you are hereby advised that the information you have authorized to release to/from LifeTime Health Center may include: test results, diagnosis, treatment for HIV (AIDs), sexually transmitted diseases, psychiatric disorders, drug and alcohol abuse. By signing this Authorization form, you release and hold harmless LifeTime Health Center and its employees from all legal responsibility or liability that may arise from the acts authorized above.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date