



2025 Chaneyville Road, Suite 200, Owings, MD 20736 | Phone: 410-286-3865 | Fax: 410-286-8085 | www.DunkirkFamilyPractice.com

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Print patient's full name)

Birthdate (MM/DD/YY)

(Street Address)

Social Security Number

(City, State, Zip code)

Phone (Home)

At the request of the individual, I (Patient's Name), do hereby authorize (Name of Releasing Company) to release:

Releasing Company's Phone & Fax Number:

DATES OF

- DISCHARGE SUMMARY, EMERGENCY REPORTS, RADIOLOGY REPORTS, OTHER, PATHOLOGY REPORTS, LABORATORY REPORTS, OPERATIVE NOTES, HISTORY & PHYSICAL, PROGRESS NOTES, ECG/EEG/CARDIC CATH

I do I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

INFORMATION RELEASE TO:

Phone #: 410-286-3865 Fax #: 410-286-8085

Dunkirk Family Practice, PA Name of Company/Agency/Facility/Person 2025 Chaneyville Rd Suite 200 Street Address Owings, MD 20736 City, State, Zip

PURPOSE OF DISCLOSURE:

- REFERRAL TO SPECIALIST, CHANGE OF DOCTOR, DISABILITY DETERMINATION, OTHER, INSURANCE, LEGAL INVESTIGATION, PERSONAL, WORKERS COMP, CONTINUING CARE

\*Please provide the current telephone number in the event we need to contact you:

I hereby authorize disclosure of the health information for the above-named company. This authorization is valid for twelve (12) months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal regulations. I understand that the medical provider to whom this authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of individual or guardian or Personal Representative of patient's estate

Date

NOTE: There will be a charge for a personal copy or the permanent transfer of your records.