



13135 Lee Jackson Memorial Hwy, Suite 201 Fairfax, VA 22033 Ph:703-391-0900 Fax: 703-391-2919

AUTHORIZATION TO RELEASE AND/OR DISCLOSE MY MEDICAL INFORMATION

Please allow the release of the following information:

- Immunization Record ONLY
- Complete Electronic Medical Record (since 2005) on CD; prior to 2005 on paper (see box for charges)

I authorize my disclosure of my information to the following people:

CHARGES	
Complete Medical Record on CD	\$5.00/quarter hour
CD Material cost	\$1.00 per CD
Postage	
Paper Copy	\$ 0.15 per page
# of CD's _____	# of Quarter hours _____
(# of pages) _____	@ \$.15 = \$ _____
+ Postage _____	
Total charges:\$ _____	
This charge may be paid by cash, personal check, and money order, VISA® or MasterCard®.	

_____ name

_____ address

_____ city/state/zip

_____ phone number

_____ name

_____ address

_____ city/state/zip

_____ phone number

My Name: _____ DOB: _____

Address: _____

Telephone No _____

I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on it.

Signature _____

Date _____

I DO NOT WISH TO AUTHORIZE RELEASE OF INFORMATION. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, enrollment, or eligibility for benefits.

Signature _____

Date _____

MED. REC. NO.: _____ **(for office use only)**

The following prohibition may apply: PROHIBITION ON REDISCULOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (45 CFR, PART 164) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION EXCEPT WITH THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IF HELD BY ANOTHER PARTY IS NOT SUFFICIENT FOR THIS PURPOSE. FEDERAL REGULATIONS STATE THAT ANY PERSON WHO WRONGFULLY USES OR DISCLOSES HEALTH INFORMATION MAY BE FINED \$5000.00 TO \$250,000.00, AND/OR MAY BE IMPRISONED FOR ONE TO TEN YEARS.