

Genesee Valley Obstetrics and Gynecology, P.C.

990 South Avenue, Suite 103 Rochester, N.Y. 14620 Phone (585) 232-3210 Fax (585) 232-4657

21 Willow Pond Way, Suite 100 Penfield, N.Y. 14526 Phone (585) 641-0399 Fax (585) 641-0388

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

For a permanent transfer of records, there will be a charge of **\$.75 per page** for copying and administrative costs. *This fee will not exceed \$25.00.* We will not fax medical records unless it is an emergent situation.

Patient's Name (please print) _____	Date of birth _____
Address _____	
Phone (____) _____	SS# _____

I authorize Dr. _____ of Genesee Valley Ob/Gyn, PC to take the following action:			
<input type="checkbox"/> Release Information to:	OR	<input type="checkbox"/> Obtain information from:	
Dr. _____ Office Phone _____			
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

❖ Purpose and Need for release
<input type="checkbox"/> Treatment <input type="checkbox"/> Legal Services <input type="checkbox"/> Insurance Coverage <input type="checkbox"/> Personal <input type="checkbox"/> Other _____

❖ This information may be released by: <input type="checkbox"/> Copy <input type="checkbox"/> Fax (Urgent/Emergent situations only) <input type="checkbox"/> Verbal
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❖ I authorize the release of the following Protected Health Information (PHI) and/or medical records, if such information exists:
<input type="checkbox"/> All Information (The request to send all medical information will include the release of HIV/AIDS and/or sexually transmitted disease- related and/or psychological or psychiatric treatment and/or drug/alcohol abuse treatment information. I understand that this serves as a dual release inclusive of sensitive medical information, including HIV unless otherwise requested.)
<input type="checkbox"/> All Information with the following exceptions (Please specify) _____
OR (Select desired information to be released)
<input type="checkbox"/> Annual Exam Notes <input type="checkbox"/> GYN Exam Notes / Assessments <input type="checkbox"/> Prenatal Records
<input type="checkbox"/> Diagnostic / Lab test results <input type="checkbox"/> Operative Report <input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Other _____

