

# Genesee Valley Obstetrics and Gynecology, P.C.

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## 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 \$20.00.* We will not fax medical records unless it is an emergent situation.

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

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

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

<b>❖ This information may be released by:</b> <input type="checkbox"/> Copy <input type="checkbox"/> Fax (Urgent/Emergent situations only) <input type="checkbox"/> Verbal
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<b>❖ I authorize the release of the following Protected Health Information (PHI) and/or medical records, if such information exists:</b>
<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. <b>I understand that this serves as a dual release inclusive of sensitive medical information, including HIV unless otherwise requested.</b> )
<input type="checkbox"/> All Information with the following exceptions (Please specify) _____
<b>OR</b> (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 _____

