

HEALTH RECORDS REQUEST/RELEASE AUTHORIZATION

PLEASE FILL OUT THE FORM COMPLETELY

Patient Name (Please Print) _____ Date: _____
Last Name/ First Name/ M.I./ Maiden (if applicable)

Social Security # _____ - _____ - _____ Birth Date _____ / _____ / _____
Month Day Year

Current Address _____ City _____ State _____ Zip _____

Phone # (_____) _____

I HEREBY AUTHORIZE UNITY HEALTHCARE TO RELEASE MY HEALTH RECORD(S) TO: Provider's Name: _____ Provider's Address: _____ _____ _____ Fax Number: _____	I HEREBY AUTHORIZE _____ [Insert Name of Provider] TO RELEASE MY HEALTH RECORD(S) TO: Provider's Name: _____ A Division of Unity Healthcare Provider's Address: _____
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Purpose for release: _____

The information you authorize for release may include information regarding mental health, drug or alcohol use/abuse, communicable diseases, pregnancy, and HIV/AIDS.

PLEASE CHECK APPLICABLE REQUEST:

- _____ **ALL** Health Record(s) (may include mental health, drug or alcohol use/abuse, communicable diseases, pregnancy and HIV/AIDS)
- _____ Only pregnancy related information from _____ to _____
- _____ Only gynecological information from _____ to _____
- _____ Only X-rays/lab results from _____ to _____
- _____ Only prescriptions from _____ to _____
- _____ Other - Please specify information to be released: _____

This Authorization shall expire ninety (90) days from the date of its execution or upon my express revocation, whichever occurs earlier. I understand that I may revoke this Authorization at anytime by submitting a written request to: _____ Such revocation shall become effective immediately, except to the extent that Unity Healthcare, LLC has taken actions in reliance on it.

I understand that Unity Healthcare, LLC will not condition treatment, payment, enrollment or eligibility for benefits on me signing this Authorization.

I further understand that my protected health information that is used or disclosed under this Authorization may be subject to redisclosure and no longer protected by the law.

Patient Signature Date

Parent/Guardian Signature Date

Record released by: _____ Date: _____