

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____	Date of Birth: _____
Previous Name: _____	Social Security #: _____
I request and authorize:	
Name: _____	
Address: _____	
Phone: _____ Fax: _____	
to release healthcare information of the patient named above to Bajaj & Co. Endocrinology.	
This request and authorization applies to:	
Healthcare information relating to the following treatment, condition, or dates:	
All Medical Records	
Other: _____	
The health information described herein should be released to: (Check all that apply)	
Hospital Physician Insurance Company Attorney Patient Other	
Method of delivery (Please check one)	
Mail	
Fax	
Pick up records	
Other: _____	
I hereby authorize Bajaj & Co. Endocrinology to disclose my individually identifiable health information as described below, which may include information concerning communicable disease such as Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), mental illness, chemical or alcohol dependency, laboratory test results, medical history, treatment, or any other such related information. I understand that this authorization is voluntary and I may refuse to sign this authorization. I further understand that my health care and the payment of my health care will not be affected if I do not sign this form.	
I understand that if the recipient authorized to receive the information is not a covered entity, e.g. insurance company or non-health care provider; the released information may no longer be protected by federal and state privacy regulations.	
I understand that this authorization will expire by law 180 days from the date of this authorization unless I otherwise specify. I further understand that I may revoke this authorization at any time by notifying this practice in writing at the address listed. I also understand that the written revocation must be signed and dated with a date that I later than the date on this authorization.	

Patient Signature: _____ Date Signed: _____

Patient Phone Number: _____