Your Law Firm Name]
[Your law firm address – line 1]
[Your law firm address – line 2]
[City, State & Zip Code]

Tel: (XXX) XXX-XXXX
Fax: (XXX) XXX-XXXX

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Name	Social Security Number
Street Address	City/State Zip
Telephone Number	Date of Birth

Indicate category of information to be released below (include dates, where appropriate):

☐ **Entire Clinical Record**	☐ History & Physical	☐ Physical/Occupational Therapy Reports
☐ Office Visits	☐ Laboratory/Pathology Reports	☐ Emergency Department Reports
☐ Cardiac Reports	☐ Discharge Summary	☐ Radiology/Diagnostic Reports
☐ Operative Reports	☐ Behavioral Health Reports	☐ Physical/Occupational Therapy Reports
☐ Physician Consults	☐ _____	☐ From _____ to _____

I hereby authorize [NAME OF HOSPITAL/DOCTOR OFFICE] to release/disclose all health information and/or records as indicated above that is contained in my patient records. I understand and acknowledge that this may include treatment for physical and mental illness, alcohol/drug abuse, sexually transmitted disease and/or HIV/AIDS test results or diagnoses. All records are intended for the purpose of legal proceedings and are to be forwarded to:

[Name of Law Firm]
Attn: [Name of Attorney]
[Law Firm Address]
[City/State/Zip Code]
Fax: (XXX) XXX-XXXX

This consent is subject to revocation at any time except to the extent that action has already been taken. This authorization and consent will expire on _____. I acknowledge that once my healthcare information has been released, re-disclosure of same by the recipient may no longer be protected by law.

Signature of Patient or Personal Representative*	Date
Printed Name	Relationship, if not the Patient

*** If other than the patient's signature, a copy of legal paperwork verifying the patient's Personal Representative must accompany this request (e.g., court-appointed guardian, durable power of attorney for health care). Exception is made for parent signing for minor child under the age of eighteen (18).*

*** For a deceased patient, a court entry or order appointing a fiduciary, executor, or administrator, or Letters of Appointment received from Probate Court must accompany an authorization signed by the named individual. If the estate has not been probated, a death certificate is required, along with documents naming the administrator or executor of the estate.*