Chase Brexton Health Care
Because everyone's health matters.

RELEASE OF INFORMATION (ROI) TO SEND CHASE BREXTON RECORDS

Phone: 410-837-2050 **Fax:** 410-234-8177

I authorize Chase Brexton Health Services, Inc. ("Chase Brexton Health Care") to disclose my individually identifiable health information, as described below.

Patient Information:

Patient Legal Name: _____ DOB: _____

Name preference (How would you like to be addressed?): _____ Phone: _____

Please send my health records to the following office:

Name:_____

Address:_____

_____

Phone: _____/ Fax: _____

Medical (check all that apply)

- ☐ All (For Transfer of Care or Personal Use)
- ☐ Hospital Notes
- ☐ Operative/Pathology Notes
- ☐ Consult Notes
- ☐ Laboratory Results
- ☐ HIV/AIDS
- ☐ Imaging/Diagnostic
- ☐ Other _____

Pharmacy

- ☐ All Prescriptions
- ☐ Other _____

_____

Behavioral Health (check all that apply)

- ☐ All (For Transfer of Care or Personal Use)
- ☐ Substance Abuse
- ☐ Mental Health
- ☐ Other _____

Dental (check all that apply)

- ☐ All (For Transfer of Care or Personal Use)
- ☐ Visit Notes
- ☐ X-Rays

Billing

For visit date(s): _____

For visit type(s): _____

Please release the above records dated _____ to _____

Please indicate "Attention to: _____" (if applicable)

I understand that:

1. This HIPPA authorization for use and disclosure of information form is voluntary;
2. My treatment and the payment for my treatment will not be affected by my signing or not signing;
3. I may revoke this authorization at any time by notifying Chase Brexton in writing, but the revocation will not apply to information that has already been disclosed;
4. The information that is disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected; and
5. I may request a copy of this authorization.

Signature of Patient or Patient's Legal Representative: _____ Date: _____

Printed Name of Legal Representative (if applicable): _____

CHASE BREXTON USE ONLY: I provided records on _____ (date) via

[ ] Mail [ ] Fax [ ] Handed to recipient

Employee Name: _____ Date: _____