

Medical Records Release Form

Please complete all sections of this release form. It is important that all blanks are completed clearly and legibly. If any sections are left blank, this form will be invalid, and it will not be possible for your health information to be shared as requested.

Section 1

I, _____, give my permission for **Pathology Services Laboratory** to release the medical records indicated below to the person(s) or organization(s) I have specified in Section 3 of this document.

All Records OR Specific Dates of Service: _____

Section 2 – Patient Information (We must be able to match patient name, date of birth, and one additional identifier to the information on the patient account.)

Printed Name: _____ Date of Birth: _____

Social Security Number: _____ Phone Number: _____

Address: _____

Section 3 – Release To

I give authorization for the health information detailed in section 1 of this document to be shared with the following individual(s) or organization(s):

Individual or Organization Name: _____

Preferred Method of Receiving Records: Fax Email Regular Mail In Person (ID Required)

Fax or Email: _____

Mailing Address: _____

- I understand that the person(s)/organization(s) listed above may not be covered by state/federal rules governing privacy and security of data and may be permitted to further share the information that is provided to them.
- I understand that I am permitted to revoke this authorization to share my health data at any time and can do so by submitting a request in writing.
- I understand that:
 - If my information has already been shared by the time my authorization is revoked, it may be too late to cancel permission to share my health data.
 - I do not need to give any further permission for the information detailed in Section 1 to be shared with the person(s) or organization(s) listed in section 3.

Section 4 – Signature

Signature: _____ Date: _____

Printed name: _____ Patient Legal Guardian (proof required)

Phone number where you can be reached for any questions pertaining to this request: _____