New Patient Authorization to Release Personal Healthcare Information

Patient Name | Date of Birth

Also or previously known as (other names used)

I authorize the disclosure and use of my health information as described below:

To be RELEASED by:

Phone/Fax:

To be RECEIVED by:
Biologic Healthcare
205 Main Street
Brattleboro, VT 05301
802.275.4732 Fax: 802.275.4738

Please mail records that are over 10 pages long. Less than 10 pages may be faxed.

For the purpose of: ❒ Adjunctive/Concurrent Care ❒ Transfer of Care ❒ Other:

I specifically authorize the release of the following information:

❒ Last two progress notes, most recent labs/imaging reports, immunization records, medication/supplement lists and problem list.

❒ Other:

Unless specifically excluded, this authorization includes the release of specially protected information: referral, diagnostic and treatment information related to substance abuse, mental health/psychotherapy, and HIV/AIDS.

Check the accompanying box(s) below to EXCLUDE the information from authorization:

❒ Substance abuse ❒ Mental health/psychotherapy ❒ HIV/AIDS

I understand the conditions of this authorization:

1. Unless canceled by me, this authorization is valid for 12 months from the date of signing.
2. I may cancel this authoriztion in writing at any time excpe to the extent disclosure has already been made in accordance with this document.
3. If the person/organization recieving the health information is not a health plan or health care provider, the release information may no longer be protected by state and dederal privacy regulations.
4. Not agreeing to or canceling this authorization may result in improper diangosis or teatment, or denial of health benefits or other insurance coverage, but is not a dondition for recieving medical treatment.
5. I am entitled to a copy of this authorization form at the time of signing.

Patient Name (PRINT) | Signature of Patient | Date

Patient's Guardian/Representative (PRINT) | Signature of Guardian/Representative | Date

FOR OFFICE USE ONLY

Fax Attempt #1: | Fax Attempt #2: | Phone Call #1: | Practictioner Initials:

biologic HEALTHCARE

sensible approaches to your well-being

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