FARINNA WILLIS, MD, P. C.

CONSENT TO RELEASE MEDICAL RECORD INFORMATION

Please print:

The following is an authorization and request made to ______________________
(practice's name with the records)

for the release of the complete medical record or for the following dates: ____________ to ____________.

Paitent Name: ____
Last First MI

Address: ____
Street City State Zip Code

Day Phone: ____________________ Home Phone: ____________________

Date of Birth: ____________________ Social Security #: ____________________

Do you want to include any psychiatric care and/or drug/alcohol use information?
____Yes ____No ____Not Applicable

Do you want to include the result of a blood test for the HIV virus, the probable cause of AIDS?
____Yes ____No ____Not Applicable

The records are authorized to be sent to:

agree to release the clinic, its employees, officers, and physicians as well the third party contracting services, from any and all iabilities and responsibilities for disclosure of the above information to the extent indicated and authorized pursuant to the signed contract to release the medical record.

understand that I have the right to read the information to be released. A fee may be charged to cover cost of duplication. I also nderstand that I have the right to withdraw the consent by written statement at any time. This consent will expire sixty (60) days rom the date it is signed. I understand copies may be made by a contracted service.

______________________________________ ____________________
ignature of Patient or Legal Representative Date

______________________________________ ____________________
not signed by the patient, specify relationship to patient Date

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ote to receiver of released documents:
rohibition of Redisclosure: This information has been disclosed to you from records whose confidnetiality is protected by Federal aw. Federal Regulations (42cft. Part 2) prohibit you from making any further disclbsure of this information except with the specific ritten consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by nother party is not sufficient for this purpose.