RELEASE OF MEDICAL INFORMATION AUTHORIZATION FROM DOCTALKER

By signing this form, I authorize you to release confidential health information about me to the physician/person/facility/entity listed below.

Patient Name: ____ Date of Birth: _____________
Address: ____

Contact Phone: _____________________________ E-mail: _________________________________

The information you may release subject to this signed release form is as follows:
□ Complete Records □ History & Physical □ Progress Notes □ Care plan
□ Lab Reports □ Radiology Reports □ Pathology Reports □ Treatment Record
□ Operative Reports □ Hospital Reports □ Medication Record □ Other (Specify below)
____

Release my protected health information to the following physician/person/facility/entity:

Name: ____
Address: ____
City: _____________________________ **State:** ________________ **Zip code:** ____________

The purpose/reason for this release is as follows:
____

Fees for Copying Medical Records
DocTalker Family Medicine charges $25.00/patient chart to scan your copy onto disk or to copy it to paper. For charts over 50 pages additional charges may apply. If another medical office is releasing the records to DocTalker**,** verify with that office what their charges will be to release the record to DocTalker Family Medicine.

Medical records originally transferred to DocTalker Family Medicine from other doctors are not considered part of the "release of medical records." Copies of these older records need to be obtained from previous doctors you have seen. We recommend you keep a copy of these records to avoid this inconvenience.

Signature: ____ Date: __________________

Requesting the release of highly sensitive information such as HIV/alcohol/psychiatric history in your record needs another authorization signature.
I authorize the release of highly sensitive information including (state specifically what tests or records are requested):

Signature*:* ____ Date: __________________

Name (printed): ____________________________________ Relation to Patient: __________________

(must have Adobe Reader)
or send to info@doctalker.com