

Erin Kennedy M.D., F.A.C.S.

Plastic Surgery Aesthetics, PC

REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient's Full Name: _____ DOB: _____

I authorize release of my medical records from (A) to (B) as outlined below:

FROM:	TO:
(A) _____	(B) _____
_____	_____
_____	_____

I authorize the release of my **entire / date range** _____ medical record, INCLUDING information related to substance abuse (alcohol and drug), mental health and AIDS (HIV) related information. I acknowledge that the information released may contain information protected by Federal and State laws applicable to substance abuse, mental health, or AIDS related information and I specifically authorize release of this information. If I do not want my entire medical record released, I will make my specific requests known by completing the following information (check all that apply):

- I do/do not want any information related to substance abuse released.
- I do/do not want any information related to mental health released.
- I do/do not want any information related to AIDS (HIV) released.
- I only want specific health related information released. I will list the specific medical information I want released and the applicable dates of service. (For example, if you were in an automobile accident, you may only want information related to this event released) _____

I have read this entire release form and understand that my signature below authorizes the release of the medical records as designated above. This release is only valid for medical record information prior to the date signed.

(Signature of patient or legal guardian) Date signed: _____

RESTRICTIONS ON DISCLOSURE (to receiving party)
This information has been disclosed to you from records protected by the Federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Also, federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.