

Vineyard Medical Care
AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

INCOMING RECORDS

to Vineyard Medical Care: Records to be requested from another provider or institution (e.g. hospital or skilled nursing facility)

I request and authorize Vineyard Medical Care to **Obtain** healthcare information of the patient named above to:

Get Records From:

Provider/Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Send Records To:

Vineyard Medical Care, 364 State Road, Vineyard Haven, MA 02568, Phone: 508-693-4400, Fax: 508-693-2098

OR

OUTGOING RECORDS

from Vineyard Medical Care: Records to be prepared for

I request and authorize Vineyard Medical Care to **Release** healthcare information of the patient named above to:

CHOOSE ONE

Myself, I will pick up my records

Please send to my new:

Provider/Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

This request and authorization applies to:

All healthcare information

Healthcare information relating to the following treatment, condition, or dates: _____

Other - Include Dates: _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

Yes No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date: _____