LAWRENCE J. CONELL, M.D., PLC
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Harrisonburg VA 22801
(540) 442-9909
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REQUEST FOR RECORDS RELEASE

Physician's/Other (Specify) Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Dear Doctor/Other (Specify) _____:

_____ The following individual has asked us to exchange pertinent healthcare information **with your office**, to include, sensitive information including, psychiatric evaluation and treatment; alcohol and/or drug abuse related information; psychotherapy notes; HIV testing and/or AIDS information and medication logs, and all other relevant healthcare information.

_____ Specific information requested at this time _____
_____
_____

_____ The following individual has authorized communication with (Other-specify) _____
_____

Patient Name: _____
Date of Birth: _____ Social Security Number: _____

I hereby authorize the release of information as specified above to _____
_____
_____

Patient's Signature: _____ Date: _____
Patient's Address: _____
City: _____ State: _____ Zip: _____

Signature of Witness: _____ Date: _____

I understand that this authorization is voluntary. If I do not sign this form, my healthcare from Dr. Conell and the payment for this healthcare will not be affected, unless I am receiving treatment only for the purpose of providing medical information to a third party, such as my employer. I understand that I can cancel this authorization by written request, but it will not affect information that was released prior to notice of cancellation. I understand that this authorization will expire in 1 year from the date of my signature or until _____ (not to exceed 1 year). I understand that once my information is released, it may no longer be protected by federal privacy regulations. Alcohol, drug, HIV ARC and/or AIDS information, if present, will be disclosed as I have requested above. I understand this information is protected by federal and state privacy laws and may not be disclosed without authorization, unless permitted by law.
I understand that by law I may be charged for copies of medical records.