Associates in Internal Medicine

Authorization of Use and Disclosure of Protected Health Information

I authorize Associates in Internal Medicine to release the records specified to

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(NAME AND ADDRESS OF MD/PERSON RECEIVING RECORDS)

RECORDS AUTHORIZED TO BE RELEASED:

- ☐ Outpatient records
- ☐ Hospitalization records
- ☐ Mental health records
- ☐ Records relating to drug or alcohol abuse
- ☐ Lab reports
- ☐ Radiologic images
- ☐ Consultation notes
- ☐ Scanned/uploaded documents
- ☐ Other (specify): ____________________ ____________________ ____________________
- ☐ ALL OF THE ABOVE

Extent or nature of records to be released (i.e. range of dates, specific records, instructions, etc):

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(LEAVE BLANK IF NOT NEEDED)

This information will be used for the purpose of:

- ☐ Transfer of Medical Care
- ☐ Investigating an allegation of abuse
- ☐ Providing advocacy services
- ☐ Verifying my eligibility for services
- ☐ Legal representation
- ☐ Other activities at the request of the individual (please specify): ____________________

This authorization will expire one year from the date of the signature below. I understand that I can revoke this authorization at any time by writing to AIM, but that revoking this authorization will not affect disclosures made or actions taken before the revocation is received.

I also understand that:

- I am not required to sign this authorization and that my health care or payment for care will not be affected by my refusal.
- There is the potential for information disclosed to be subject to redisclosure by the recipient and no longer protected by the Privacy Rule.
- I am entitled to receive a copy of this authorization
- A copy of this authorization may be utilized with the same effectiveness as the original.

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Patient Name and Date of Birth (print)

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Patient or Representative(signature) Date

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Name of Representative and Relationship to Patient

NOTICE: ASSOCIATES IN INTERNAL MEDICINE PROVIDES ONE COPY OF PATIENT MEDICAL RECORDS FREE OF CHARGE UPON TRANSFER OF MEDICAL CARE. ALL OTHER REQUESTS FOR COPIES OF MEDICAL RECORDS SHALL BE SUBJECT TO FEE SCHEDULE IN PLACE AT THE TIME OF REQUEST. WE STRONGLY RECOMMEND THAT PATIENT RECORDS BE PICKED UP BY PATIENT AND HAND DELIVERED TO NEW PHYSICIAN.