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GENEVA FAMILY PRACTICE

815 N. Randall Road • Batavia, IL 60510 • (630)-232-1818 • Fax (630)-232-1868

www.genevafamilypractice.com

AUTHORIZATION TO RELEASE MEDICAL RECORDS (OUTBOUND)

Our Notice of Privacy Practices provides information about our use of a patient's protected health information. The notice contains a patient rights section describing your rights under the law. Patients have the right to access, inspect, and copy protected health care information used to make decisions about them. Geneva Family Practice will only include information used to make decisions about the patient. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This authorization is valid for 1 year unless revoked in writing.

Patient Name _____ Date of Birth _____

I authorize:

GENEVA FAMILY PRACTICE
815 N. RANDALL ROAD
BATAVIA, IL 60510

To release records to **PATIENT**:

Patient's Address _____

City _____ State _____ Zip _____

Phone _____

The following information:

- ☐ Complete records
- ☐ Lab results
- ☐ X-ray results
- ☐ Immunization records
- ☐ Services from _____ through _____
- ☐ Other _____

I understand that my complete health records may include the following, unless the boxes below are marked, you're entire medical record will be release including:

- ☐ Treatment of STDs (sexually transmitted diseases) and/or HIV testing results
- ☐ Drug or alcohol abuse
- ☐ Psychiatric problems

Signature

Relationship to patient

Date