



**RELEASE OF INFORMATION (ROI) TO SEND CHASE BREXTON RECORDS**

Phone: 410-837-2050 Fax: 866-629-0091

I authorize Chase Brexton Health Services, Inc. ("Chase Brexton Health Care") to disclose my individually identifiable health information, as described below.

**Patient Information:**

Patient Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name preference (How would you like to be addressed?): \_\_\_\_\_ Phone: \_\_\_\_\_

**Please send my health records to the following office:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ / Fax: \_\_\_\_\_

**Medical (check all that apply)**

- All (For Transfer of Care or Personal Use)
- Hospital Notes
- Operative/Pathology Notes
- Consult Notes
- Laboratory Results
- HIV/AIDS
- Imaging/Diagnostic
- Other \_\_\_\_\_

**Pharmacy**

- All Prescriptions
- Other \_\_\_\_\_

**Behavioral Health (check all that apply)**

- All (For Transfer of Care or Personal Use)
- Mental Health
- Other \_\_\_\_\_

**Dental (check all that apply)**

- All (For Transfer of Care or Personal Use)
- Visit Notes
- X-Rays

**Billing**

For visit date(s): \_\_\_\_\_

For visit type(s): \_\_\_\_\_

Please release the above records dated \_\_\_\_\_ to \_\_\_\_\_

Please indicate "Attention to: \_\_\_\_\_" (if applicable)

**I understand that:**

1. This HIPAA authorization for use and disclosure of information form is voluntary;
2. My treatment and the payment for my treatment will not be affected by my signing or not signing;
3. I may revoke this authorization at any time by notifying Chase Brexton in writing, but the revocation will not apply to information that has already been disclosed;
4. The information that is disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected; and
5. I may request a copy of this authorization.

This ROI expires within 1 year, or when it is used for its single purpose, whichever comes first.

Signature of Patient or Patient's Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Legal Representative (if applicable): \_\_\_\_\_

**CHASE BREXTON USE ONLY:** I provided records on \_\_\_\_\_ (date) via

[ ] Mail [ ] Fax [ ] Handed to recipient

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_