

PATIENT REQUEST FOR RELEASE OF MEDICAL INFORMATION

SECTION I: PATIENT INFORMATION

Name:	Date of Birth:
Address:	Social Security #
Phone #	

SECTION II: REQUEST FOR SPECIFIC ITEMS TO BE RELEASED

I request New Jersey Healthcare Specialists – Liberty Pain Management to release the medical information identified below relating to my treatment during these dates: from _____ to _____	
<input type="checkbox"/> Cardiovascular Reports <input type="checkbox"/> Emergency Room <input type="checkbox"/> Pathology Report <input type="checkbox"/> Consultation Report <input type="checkbox"/> History & Physical <input type="checkbox"/> Progress Note <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Laboratory Results <input type="checkbox"/> X-Ray Reports <input type="checkbox"/> EKG Report <input type="checkbox"/> Operative Report <input type="checkbox"/> Complete Medical Record (will n <input type="checkbox"/> Photographs, videotapes or other digital images <input type="checkbox"/> Records of Prescription Medications	
<input type="checkbox"/> Other (describe):	

SECTION III: DELIVERY METHOD

<input type="checkbox"/> Hold record for pick-up, I personally will claim the record	<input type="checkbox"/> Fax to this number: <i>(NOTE: Complete medical record will not be faxed)</i>
<input type="checkbox"/> Hold for pick-up by my authorized representative: Name: _____ <i>(NOTE: Your authorized representative will be asked to produce proof of positive identification)</i>	<input type="checkbox"/> Mail to this address:

SECTION IV: DUPLICATING FEES

I understand:

- (1) There is no charge associated with having my records sent directly to another physician or provider to facilitate the continuity or transfer of my care.
- (2) This request may take up to ten days to satisfy.

SECTION V: RELEASE

I hereby release New Jersey Healthcare Specialists Liberty Pain Management and its employees from any and all liability that may arise from the release of information as I have directed.

Signature of Patient or Legal Guardian

Date