

Phone 703-649-2787 | **Fax** 703-221-6569
17739 Main St., Suite 110 | Dumfries, VA 22026

Informed Authorization and Consent for the release of Medical Records

I hereby authorize Adler GYN & Minimally Invasive Surgery to:

RELEASE OBTAIN the medical records of:

Patient Name: _____

Date of birth: _____

Date of treatment: _____

RELEASE TO:

OBTAIN FROM:

Fax #: _____

Fax #: _____

for the purpose of: _____

Please indicate what specifically is to be released:

Entire Medical Record Mammography Laboratory Tests

Discharge Summary Operative Reports Pathology

Other: _____

I understand that these medical records may or may not contain information pertaining to alcohol or drug abuse counseling or testing, and/or HIV/ARC testing. I do expressly and voluntarily authorize the disclosure of the said medical records to the person(s) and/or entity(ies) as stated above. This authorization/consent will remain in effect for a period of one (1) year from the date stated above, unless revoked in writing by the person to which it pertains (or his/her parent, legal guardian or legally authorized agent), to the Medical Records Department. These medical records are being disclosed under the provisions of the applicable Virginia State and Federal Law.

Patient Signature

Date Signed

Note: There may be a charge for release for medical records. Our fee for this service is based on Virginia Code 8.01-413B which requires that records be provided within 15 days for a charge not to exceed fifty cents per page for the first 50 pages and twenty-five cents for each additional page and a fee not to exceed ten dollars for searching, handling, and mailing the records.