

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)**

Patient's Full Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Today's Date: \_\_/\_\_/\_\_

Transfer of care  Continuation of care  Other: \_\_\_\_\_

This authorization is required by the Health Insurance Portability and Accountability Act of 1976 to inform you of your rights for privacy with respect to your health care information. It authorizes Ahmad Ascha, MD/Emily Carey, DO to disclose my medical records relating to:

ALL  LAB  XRAYs  ENDOSCOPIES  NOTES  PATHOLOGY

Others (specify) \_\_\_\_\_

From Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ To Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To be released to the following entity:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Under the privacy rules I have the right to revoke this authorization at any time in writing and Ahmad Ascha, MD/Emily Carey, DO must cease using this authorization. However, Ahmad Ascha, MD/Emily Carey, DO may complete any actions it initiated with my PHI prior to my revocation.

I understand that by disclosing these records, which contain Highly Confidential Medical Information, Ahmad Ascha, MD/Emily Carey, DO cannot guarantee the recipient will not re-disclose or use the records in violation of the Privacy Rules.

I must revoke this authorization in writing to: Ahmad Ascha, MD/Emily Carey, DO

Patient/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

If not patient, relationship \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**PATIENT REQUEST:**

Search Fee- \$0  
\$3.31 per page for the first 10 pages  
\$0.69 per page for pages 11-50  
\$0.28 cents per page for pages 51 and over

**PROVIDER REQUEST:**

Search Fee: \$20.42  
\$1.34 per page for the first 10 pages  
\$0.69 for pages 11-50  
\$0.27 for pages 51 and over

Records Reviewed: \_\_\_\_\_ Sent: \_\_\_\_\_ By: \_\_\_\_\_  
Fee Charged/Collected: \_\_\_\_\_ Patients signature & date records were  
hand delivered: \_\_\_\_\_

*\*MEDICAL RECORD REQUESTS CAN TAKE UP TO 30 DAYS TO PROCESS.\**