WFMA
Waynesboro Family Medical Associates, LLP
Gary L. Gallo, MD - Jacquelyn H. Clark, MD,MBA - P. Lynn Curley, CRNP
Kathy Blednick, CRNP, MS - Nikki L. Deboer, CRNP - Amanda F. Brown, CRNP

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

*** Inbound Fax # 717-655-5127***

I, _____ (Date of Birth)_____Phone #_____

Authorize (Provider who is releasing information)_____

To release to (specify name/organization/address/ph#/fax)_____
any information that may be requested regarding my physical or mental condition and treatment rendered to me for the purpose of:

_____Transfer care to a new physician _____Insurance request _____Legal request _____Other

Abstract of Medical Records If available:

- ☐ **Provider Office notes, Last one year**, including mental health, problem list, medication list, allergy list, immunizations
- ☐ Radiology reports, Including Mammography, Chest X-Ray, CT, MRI, Sonogram/Ultrasound, Lab/Pathology
- ☐ Consults, 5 Years, EKG/Stress testing, Operative notes
- ☐ Hospital discharge summaries, ED, or Other specified: _____

Authorization to release to above, my pertinent or otherwise specified Protected Healthcare Information that **does**_____, or **does not**_____ include Mental Health, Psychiatric and Psychotherapy records, Drug and/or Alcohol-Related Therapy or HIV/STD testing results.
Re-Disclosure: I understand that following HIPAA guidelines my healthcare information may be subject to re-disclosure either for continuity of care or by my authorization to a 3rd party requestor.
Expiration/Revocation: I understand that unless otherwise specified, this authorization to release will be in effect for 1 year from the date below unless I revoke in writing to the Medical Records Department.

_____ _____ _____
Patient Guardian if applicable Date

_____ _____
Witness Date

There will be a charge for copying/mailing to another provider/insurance company or legal purpose except specific exempt circumstances

Sent by:_____ Date Sent:_____ Sent by: Hospital Courier _____ U.S Mail _____
Patient pick up:_____ Other:_____ Information Sent:_____