NEWTON WELLESLEY EYE ASSOCIATES, P.C.
2000 WASHINGTON STREET, SUITE 462 NEWTON, MA 02462 (MAILING ADDRESS)
Telephone (617) 964-1050 Fax (617) 964-6449
65 WALNUT STREET, WELLESLEY, MA 02481

AUTHORIZATION FOR RELEASE/REQUEST OF MEDICAL RECORDS

PLEASE BE SURE TO READ ALL DIRECTIONS ON THE REVERSE SIDE OF THIS PAGE BEFORE FILLING OUT THIS FORM. RECORDS CANNOT BE RELEASED WITHOUT PROPER DOCUMENTATION.

IDENTIFICATION:

PATIENT'S NAME: _____
LAST FIRST MIDDLE

CONTACT PHONE NUMBER: _____ D.O.B.:_____

RELEASE INFORMATION TO (*you must specify the name of individual or business and include address if records are to be mailed)*:

- MAIL TO, NAME: _____

  ADDRESS: _____
- I WILL PICK UP THE RECORDS WHEN THEY ARE READY, CALL ME

(*Please note: our office HIPAA policy does not allow us to fax medical records)*

INFORMATION TO BE RELEASED (CHECK ALL THAT APPLY):

☐ OFFICE VISIT NOTES ☐ OPERATIVE/PROCEDURE REPORT(S) ☐ LABORATORY RESULTS ☐ PATHOLOGY REPORT ☐ DISCHARGE SUMMARY

☐ RADIOLOGY/SCANS ☐ HISTORY AND PHYSICAL ☐ OTHER, *SPECIFY*: _____

THE PURPOSE OF THIS RELEASE, PLEASE SPECIFY: _____

AUTHORIZATION: I authorize Newton Wellesley Eye Associates, P.C. to release copies of the above named patient's medical record to the above named person/facility. This authorization shall remain in effect for one year unless specifically revoked in writing. (The signature of the patient must be obtained unless the patient is under 18 and/or the legal guardian presents legal proof of representation.)

_____ _____ _____
Signature Patient/parent/guardian Print name patient/parent/guardian Today's date

MY HIGHLY CONFIDENTIAL INFORMATION:
I understand that if the above named patient's medical record contains information pertaining to genetic testing, venereal/sexually transmitted disease, treatment for substance abuse, mental/behavioral health, physical abuse, sexual assault, psychiatric disorders, or information about HIV/AIDS testing or treatment that I specifically authorize its release.

_____ _____ _____
Signature patient/parent/guardian Print name patient/parent/guardian Today's date

Please be aware that once sent from our office, the above mentioned Protected Health Information may be subject to re-disclosure by the party receiving the information and may no longer be protected by the privacy rules. 9/2013

INSTRUCTIONS FOR RELEASE OF MEDICAL INFORMATION

In order to process your request, you must complete the authorization on the reverse side.

The following instructions are designed to assist you in completing this form.

1. **Patient identification** – write the complete name and the date of birth of the person whose records are being requested.

2. **Release information to** – give the complete name and address of the person or business to whom the records are being released.
   <u>Please note that we cannot fax records.</u>

   Check the appropriate option for either picking up your records or having them mailed.
   If you intend to have someone pick up your records for you then you must specify in writing who this individual is, and they may be required to show a valid photo ID when picking up these records.

3. **Information to be released** – check off all that apply for the information you wish to have released, and <u>specify</u> the reason you are requesting these records.

4. **Authorization** – read, sign and date the authorization. If you are signing as a legal guardian, we must have legal proof of representation.

5. **Highly confidential information** – read, sign and date the highly confidential authorization.

YOU MUST COMPLETE ALL AREAS ON THIS FORM, IF ANY AREAS ARE LEFT BLANK THIS FORM WILL BE RETURNED FOR COMPLETION.

Return your signed authorization to: Newton Wellesley Eye Associates, P.C.
ATTN: Medical Records
2000 Washington Street, Ste. 462
Newton, MA 02462

NOTE: there is a $10 fee for a copy of your medical records; please include payment with your signed authorization.
(**In some cases this fee may be waived, please be sure to specify the reason why you are requesting your records.)

(*For HIPAA compliance purposes we can only release notes from our office, we cannot release notes previously transferred from another medical facility)* 9/2013