

AUTHORIZATION FOR RECORDS RELEASE

Patient's Name: _____ Patient's Date of Birth: _____

Patient's phone number: (_____) _____ (_____) _____
DAYTIME EVENING

I authorize Inova Medical Group – ALFA Neurology to release or disclose the following information to:

NAME OF PERSON, PHYSICIAN OR AGENCY TO RECEIVE INFORMATION (FAX NUMBER FOR PHYSICIAN OFFICE ONLY)

STREET ADDRESS CITY STATE ZIP CODE

Information to be Released / Disclosed:

Pathology X-ray Report Other _____
 Lab / EKG Office Notes
 Hospital/Specialist Reports Complete Health Record

Purpose:

Medical Follow-Up Individual use Insurance
 Attorney Disability Other _____
 I prefer to pick up records

I understand that if the person or agency that receives my information is not a health care provider or health plan covered by the HIPAA privacy regulations, the information described above may be redisclosed and is no longer protected by these regulations.

I understand written notification is necessary to cancel this authorization and can be addressed to the department listed at the top of this form. I am aware that my cancellation will not be effective as to disclosures already made in reference to this authorization.

I understand that this disclosure may include information regarding drug abuse, alcoholism, or alcohol abuse, psychiatric or mental illness, Acquired Immunodeficiency Syndrome (AIDS) or infection with HIV regulated by Federal Statute (42 CFR Part 2).

SIGNATURE OF PATIENT OR REPRESENTATIVE

DATE (This authorization will expire 6 months after date signed)

NAME OF PERSONAL REPRESENTATIVE (IF APPLICABLE)

RELATIONSHIP TO PATIENT

MEDICAL RECORDS FEES

If requesting most recent lab and office note to be sent to a physician, there is no charge. If requesting copies for your own records, the following charges will apply (per Virginia code):

Copies of pages 1-50 _____ @ \$0.50/page \$ _____
Copies of pages 51 + _____ @ \$0.25/page \$ _____

You may return via Fax (703) 280-1235 or mail to: **Inova Medical Group – ALFA Neurology**
8505 Arlington Blvd, STE 450
Fairfax, VA 22031

You may return via Fax (703) 845-1300 or mail to: **Inova Medical Group – ALFA Neurology**
1500 N. Beauregard Street, STE 300
Alexandria, VA 22311