Center for Bariatric Services

Medical Information Release Authorization

Patient Name	Birth Date	Social Security No.
Address	Home Telephone: ( ) Alternate Telephone: ( )	

I hereby authorize ____
Name & Address of Individual/Organization who is being asked to release records

to release information from the medical records of the above named patient to:

____
Name and address of person / organization to whom disclosure is to be made

Purpose of Disclosure: (A reason must be provided)
☐ At the request of the individual signing this authorization

☐ Other (Specify): ____

For the following treatment dates:
☐ All dates of treatment

☐ For dates of treatment from __________________ to __________________

Specific description of information to be disclosed:

☐ All records for the time period indicated above

☐ Other (Specify): ____

I understand that any information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal privacy regulations. I understand that I may revoke this authorization in writing at any time by sending the revocation to the health care provider indicated above, except to the extent that action has already been taken in reliance on this authorization. Aside from this, I understand that upon expiration of the authorization, no further disclosure of the information may be made. I understand that a health care provider may decline to treat me if I refuse to sign this authorization only when the treatment is for the sole purpose of creating health information for disclosure to a third party.
I further understand that the records/information to be released may contain or consist of information related to the following: contagious diseases (HIV/AIDS, tuberculosis, hepatits, etc.); psychiatric treatment or psychotherapy; and drug/alcohol abuse treatment.

Date	Signature of Patient or Person Authorized to Act on Patient's Behalf	Relationship to Patient

This authorization expires 90 days from the date specified above or the date on which the requested release of information has been completed, whichever comes first. This release covers records of treatment only for the dates specified above.
Fees/Charges will comply with all laws and regulations applicable to release of information.