

Authorization to Release Patient Health Information

Instructions: In order to receive a copy of your medical records or to authorize release of your medical records to a 3rd party, please complete sections 1 – 3, sign & date and return this form to NovaSom.

SECTION: 1 PATIENT INFORMATION		
Patient's Name:	Patient's Date of Birth:	Patient's Address:
SECTION: 2 INFORMATION TO BE RELEASED TO		
Name of Organization or Person: <i>(If you are requesting a copy of your medical records, enter "Self" in this section.)</i>		
Address:		
City, State and Zip Code:		
Phone Number (including area code):		
Fax Number (including area code):		
SECTION: 3 PURPOSE OF RELEASE		
<input type="checkbox"/> Copy for own use <input type="checkbox"/> Continuity of care <input type="checkbox"/> Coordination with school <input type="checkbox"/> Legal <input type="checkbox"/> SSI Benefits <input type="checkbox"/> Other: _____		
SECTION: 4 RELEASE AUTHORIZATION		
<p>I understand that:</p> <ol style="list-style-type: none"> 1. NovaSom, Inc. (NSI) may not further use or share my health information unless another authorization is obtained from me or unless the use or disclosure is specifically permitted by law. 2. This Authorization will remain in effect for one (1) year from the date this authorization is signed, or until I provide a written notice of revocation to NSI. 3. A revocation will be effective immediately upon NSI's receipt of my written notice. 4. Once NSI discloses my health information to the authorized recipient identified above, NSI is not responsible if the recipient shares my health information with a 3rd party. 5. I have a right to receive a copy of this authorization from NSI. A photocopy, fax or electronic copy of this authorization shall be considered as effective and as valid as the original. 		

I request and authorize NovaSom, Inc. to release the information described above to the named individual or organization indicated.

Signature of Patient

Date

Please fax signed form to (410) 761-0782 attention: Clinical Coordinator or mail to NovaSom, Inc. 801 Cromwell Park Drive, Suite 108 Glen Burnie, MD 21061 Attention: Clinical Coordinator. Your records will be sent within 30 days of receipt.