Meridian Medical Group

Authorization for Release of Information

Patient Name
Address (number and street)
City, State, Zip Code Telephone
Date of Birth
Email address
authorize Meridian Medical Group to release my child's health information to: Name
Address
City, State, Zip
Felephone #
authorize Meridian Medical Group to obtain records from:
Name of provider and address)
This authorization applies to the following information: Complete Medical Record Other (Please list)
The purpose of the release is: For treatment purposes At the request of the patient Other (please specify)
I authorize the above provider and members of its staff to furnish the information, including copies of axed copies, as directed in this authorization. I further agree to release the provider and its employees an agents from all liability that may arise from the release of information herein requested.
understand that I may revoke this authorization to release information in writing at any time, except to the extent that action has been taken in reliance on it. I understand that this authorization will expire o, and if I fail to specify an expiration date, event or condition, this authorization with expire in six months.
understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that any disclosure on the information may not be protected by federal confidentiality rules.
Signature of Patient or Legal Representative Date

If signed by Legally Authorized Representative, Relationship to Patient

NOTICE TO RECIPIENT OF INFORMATION

PROHIBITATION ON REDISCLOSURE: This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, federal regulations may prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by federal regulations.