

Authorization to Use & Disclose Protected Health Information
Essex County Primary Care
42 Asbury Street, So. Hamilton, MA 01982
Phone: 978.233.8120 Fax: 978.233.8130

Patient Information:

Patient Name (Please Print): _____

Date of Birth: _____

Patient Address: _____

Phone #: _____

City: _____ State: _____ Zip: _____

Email: _____

I Hereby Authorize Essex County Primary Care to:

Please choose one: Release my medical record information to Obtain medical information from

Name/Facility: _____ Attention: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ Fax: _____

Purpose of Request: Transfer from Practice/Reason? _____

Legal Insurance Personal Other: _____

Specific Records/Report(s) to be released:

Please provide me with a 2 year abstract of my medical records

Please provide me with a copy of my entire medical records

Please provider the specific information as outline below:

COPY FEE: Pursuant to HIPAA 45 CFR 164.524, we reserve the right to charge a reasonable cost-based fee for producing and mailing the copies. Essex County Medical Center has a fee of \$35.

Restricted Authorization to Release Protected Information:

Release Records? Check one

I DO DO NOT want Mental/Behavioral Health or Disability Service Provider Documentation released.

I DO DO NOT want HIV/AIDS Screening Test Results released.

I DO DO NOT want information about Alcohol and/or Substance Abuse Treatment released.

I DO DO NOT want Genetic Testing/Test Results released.

I DO DO NOT want Confidential Communication with Social Workers released.

I DO DO NOT want information about Rape/Sexual Assault Victim's Counseling released.

I DO DO NOT want Child/Elder Abuse or Neglect & Abuse of an Adult with a Disability released.

I DO DO NOT want information about Sexually Transmitted Disease (STD's) released.

I DO DO NOT want information about Domestic Violence Victim's Counseling released.

Sign here: _____

Date here: _____

Signature of Patient

Date

Signature of Patient Representative (i.e if minor or disabled)
Patient

Date

Relationship to