LANDMARK MD

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION/ONGOING COMMUNICATION

Patient Name _____Date of Birth _____

Address: _____ City, State, Zip: _____

Purpose: ☐ **Request of Individual** ☐ **Continued Patient Care** ☐ **Other**

Release From: (Name of Facility and/or Practice (s)

_____

_____

_____

Release To: (Name of Facility/Person/Company)

_____

_____

_____

Treatment Dates: From: _____ To: _____

I authorize the release of the following health information: (check the applicable box below)

☐ Office notes, lab-work, procedures, all imaging including X-ray and Mammograms, Colonoscopy results, EKG, Stress Testing, Nerve Conduction Studies and any other testing not listed.

☐ Specific Records including: _____ _____

_____

☐ Other: _____

Patient's Rights

- **I understand that I can cancel this permission at any time. I must cancel in writing and any cancellation will apply only to information not yet released by facility or practice.**
- **This is a full release including information related to behavioral/mental health, drug and alcohol abuse treatment, genetic information, HIV/AIDS, and other sexually transmitted infections.**
- **Landmark MD will not share or use my information without my permission other than by ways listed in the Notice of Privacy Practices or as required by law.**
- **I have a right to a copy of this Authorization.**

Term: I understand that this Authorization will remain in effect:

❑ Until Revoked in writing by the patient.

Note: If the patient lacks legal capacity or is unable to sign, an authorized personal representative may sign this form:

Print Name _____ Signature _____Date: _____

Relationship of Authorized Representative_____

Note: If minor consented for their outpatient treatment for pregnancy, sexually transmitted disease or behavioral/mental health without parental consent, the minor must sign this authorization. When patient is a minor being treated for substance abuse, the minor must sign this authorization, regardless of who consented for treatment.

Signature of Minor: _____ Print Name: _____ Date: _____