

## Authorization of Medical Record Release

I, \_\_\_\_\_, hereby authorize the release of my medical records to MD24House Call physicians.

MD24House Call requests only the following pertinent and succinct medical record information be forwarded from other medical and healthcare providers.

1. Problem Lists
2. Vaccination History
3. Past and Current Medical History
4. Past Surgical History
5. Current Medications and past pertinent medications
6. Social History
7. Allergic History
8. Recent Physical Exam
9. Pertinent and Recent Laboratory and Radiology Tests
10. Additional pertinent information at the health care provider's discretion

### Notice of Privacy Practices

In accordance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA), MD24House Call will keep all of your health information confidential.

Note that for the purposes of medical treatment (e.g. medicating prescriptions, discussing your case with a consulting physician), payment (e.g. insurance paperwork which shows your diagnosis and corresponding diagnostic codes), health care operations (e.g. self auditing our medical records, quality improvement), and medico-legal considerations (e.g. medical examiners, law enforcement officials, public health authorities), your health information may be obtained or disclosed by telephone, email, mail or fax.

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

**My signature below indicates that I authorize medical record release to MD24House Call.**

**Patient or Guardian Signature:** \_\_\_\_\_

**Date & Time:** \_\_\_\_\_