Buxmont Pulmonary & Sleep Medicine

668 Bethlehem pike St 4
Montgomeryville PA, 18936

99 N. West End Blvd St. 108
Quakertown PA, 18951

REQUEST FOR RELEASE OF MEDICAL INFORMATION

Please Print. *Make sure all information is complete to prevent a delay in release of information.*

Patient Name: _____ **Date of Birth**: _____
Previous Name (if applicable): _____ **Patient Record No**._____

This will authorize:
Provider:_____
Address:_____
_____

To release to: BPSM
Ph: 215-361-4423 Fax: 215-361-4424

1. Date(s) of Treatment:_____

Information to be Disclosed:

☐ Lab and X-ray report ☐ Emergency Room Report ☐ Discharge Summary
☐ Operative Report ☐ Progress Notes ☐ History and Physical Examination
☐ X-ray Films ☐ Consultation Report ☐ Medical Records from last 2 years
☐ After Care Plan ☐ Complete Record
☐ Other (specify):_____

2. Purpose for which information is to be used:

☐ Treatment ☐ Insurance ☐ Personal ☐ Follow-up ☐ Legal Proceedings
☐ Other(specify):_____
☐ I am moving and my new address is: _____

I hereby release Buxmont Pulmonary & Sleep Medicine from all legal liability that might arise from the inadvertent release of sensitive information. **Any further disclosure of my records other than what is outlined above is prohibited without my specific written authorization, or as otherwise permitted by such regulations**. I consider a photocopy of this authorization to be as valid as the original.

I understand that I may inspect the information to be disclosed

Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected by this rule. Buxmont Pulmonary & Sleep Medicine is not legally liable for re-disclosure by the recipient.

Authorization must be signed by the patient, legal guardian of the patient, or other authorized representative. If the patient is unable to give authorization, or physically unable to sign, state reason:

_____

_____ _____
Patient or person authorized to sign for patient/relationship Date/Time

_____ _____
Witness to signature only Date/Time