BEALS INSTITUTE

ARTHRITIS, OSTEOPOROSIS and AUTOIMMUNE DISEASES

Diplomat, American Board of Internal Medicine and Rheumatology, Board Certified

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

INFORMATION REQUESTED:

____ Office Notes ____ Hospital Records ____ Labs _____

____ Operative reports ____ Pathology reports ____ X-ray reports _____

____ All ____ Other _____

From: _____ To: _____

_____ _____

_____ _____

****There may be a charge for copying medical records depending on the number of copies and length of time to copy. All dictated letters will be $150 to $300. Form fees will range from $15 to $200 depending on length and complexity.**

Information may include any of the following:

- Alcohol or drug abuse, or mental health treatment information protected under Title 42 or the Code of Federal Regulation Part II.
- Serious communicable and infectious diseases as defined by the Michigan Department of Public Health Code 1989, Act 174, which includes venereal disease, tuberculosis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), Aids Related Complex (ARC), and hepatitis
- Records or reports sent to Beals Institute, P.C. from other health care providers, including hospitals and physicians.

PURPOSE OF DISCLOSURE:

____ Continued Patient Care ____ Disability/FMLA ____ Other _____

This consent may be revoked at any time. If no express revocation is issued, this authorization will expire 180 days (6 months) from the date signed. I understand that Health Information that is released under this Authorization may be subject to re-disclosure by the recipient and the privacy of my Health Information may no longer be protected by the law.

_____ _____ _____

Signature of Patient or Legal Representative **Date** **Relationship to Patient**

This information is confidential and is entrusted to the person whose name appears on this form. Unauthorized use of this information is a breach of confidentiality, and the Beals Institute will report all such violations to the appropriate authorities and will assist in the prosecution of all violators. If you receive this fax in error, please destroy this material and call us so we can correct the error.

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