



BROWN MEDICINE
BROWN PHYSICIANS, INC.

AUTHORIZATION to RELEASE MEDICAL RECORD INFORMATION

Printed Patient Name: _____ Date of Birth _____

Address: _____

City/State/Zip: _____

I hereby authorize my medical record **and all healthcare information** including alcohol and/or drug abuse, **HIV** testing, behavioral health, genetics testing, sexual and/or domestic abuse and venereal disease to be:

RELEASED TO:

OBTAINED FROM:

Physician Name: _____ Physician Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Information to be released: * All Records _____

* Treatment dates from _____ to _____

Information shall be used for what purpose? Transfer of Care Insurance
 Legal Personal Other _____

Medical Record Delivery: _____ via US mail _____ Patient will pick up at:
_____ via Fax 110 Elm Street, 2nd Floor
Providence, RI 02903

A. If the physician is a member of Brown Medicine the entire medical record will be transferred to the Brown Medicine physician of your choice. **There is no fee to transfer the record.**

B. If the medical record is being copied for a physician **who is not a member of Brown Medicine (or for any other purpose) there is a small copying fee. Please review and complete the reverse side of this form for fees.**

Medical information is protected under Federal law and Rhode Island General law 5_37.3 and, except as provided by law, cannot be disclosed without written consent. Information released with authorization will not be given, sold, transferred, or in any way relayed to any other person not specified above.

This AUTHORIZATION will expire one (1) year from the date signed and may be withdrawn at any future time and is subject to revocation with written notice to Brown Medicine.

Signature of Patient or Authorized Representative

Date

Signature of Parent/Legal Guardian
(If patient under 18)

Date

***All questions and special requests may be directed to: Brown Medicine Medical Records, 110 Elm Street, 2nd Floor, Providence, RI 02903; phone (401) 443-4999**

The information released may be re-disclosed by the receiving institution or individual to other individuals or organizations that are not subject to privacy protection laws. Brown Medicine will not condition treatment on payment of the provision of this authorization.