

Nashua Medical Group

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Patient Name: _____ **DOB:** _____
Address: _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

I authorize Provider/Practice Name : _____

Address: _____

To release my Protected Health Information (PHI) to the following listed below:

Name: Nashua Medical Group
Address: Attn: Medical Records, 173 Daniel Webster Highway, Nashua, NH 03060

Purpose of the release: _____

Dates of Service : _____ to _____

____ Complete Copy of Medical Record ____ Office Notes ____ Lab Reports
____ Immunization Records ____ Growth Chart ____ X-Ray/Diagnostic Imaging Reports
____ Other (describe): _____

Please initial the following if applicable :

____ I specifically authorize the release of HIV/AIDS results
____ I specifically authorize the release of information in reference to drug and or alcohol abuse protected by Federal Regulation 42CFR
____ I specifically authorize release of psychiatric/neuropsychiatric record
____ I specifically authorize release of sexual assault/physical/verbal abuse record.

I understand that consent is subject to revocations at any time in writing except if the medical records have already been disclosed or if the authorization was signed as a condition of obtaining my insurance coverage as explained in St Joseph Healthcare's Notice of Privacy Practices.

I understand that if health information is disclosed by this authorization, it may no longer be protected under the terms of the privacy rules and the recipient may be able to legally re-disclose the health information to others.

I have carefully read and understand the above statements. I hereby release SJ Physician Services from all legal responsibility or liability from the release of these medial records.

This authorization expires 90 days from the date signed below or otherwise stated below:

Witness

Patient/Representative Signature

Date

Relationship to patient

Pursuant to NH Senate Bill 42, the fee for copies is \$15.00 for the first 30 pages and \$.50 for every page after

173 Daniel Webster Highway/ Nashua/ New Hampshire/ 03060/ Phone # 603-891-4440/ Fax # 603-891-4414