Orchard Medical Associates, L.L.C.
835 Worcester Street
Indian Orchard, MA 01151
Telephone: (413) 439-0609 * Fax: (413) 439-0623
Adult & Pediatric Medicine

AUTHORIZATION FOR RELEASE OF INFORMATION

We can honor a request only if this form is filled out completely

Patient Name: _____ Date of Birth: _____

Check One: ( ) Pick Up ( ) Mail ( ) Fax ( ) CD* ( ) Flash Drive* ( ) Secure Email (* Provided by Patient) ( ) Speak To

I hereby authorize Orchard Medical Associates, LLC to ( ) obtain from or ( ) disclose to my protected health information:

_____

Please ✓ any of the following if they are to be released:
( ) Mental Health Records ( ) Sexually Transmitted Diseases Records ( ) Drug/Alcohol Treatment/Services Records

The specific information to be disclosed is: [ ] Entire Record [ ] Discharge Summary [ ] Immunization Records [ ] MRI/CT Scan Reports [ ] EEG, EKG [ ] Radiology Reports [ ] Operative Notes [ ] Psychology Testing Reports [ ] Outpatient Summaries [ ] Neurology/Cardiology Reports [ ] Admission Notes/Mental Status [ ] Laboratory Reports
[ ] Other (Specify): _____ Purpose: ( ) Medical ( ) Legal ( ) Personal ( ) Other: _____

( ) _____ (initials) I hereby request to access my electronic medical records via a computer. I release Orchard Medical Associates, LLC of any responsibility due to anyone else viewing my medical record while I am accessing my electronic medical record. Viewing of my electronic medical record is valid for medical information that occurred prior to the date of this authorization. Viewing of any subsequent medical information will require a new authorization to be completed.

RELEASE OF HIV/AIDS AND/OR GENETIC INFORMATION (required for each release)

HIV/AIDS
[ ] I hereby authorize release of protected health information pertaining to HIV testing and/or diagnosis and/or treatment of Acquired Immune Deficiency Syndrome (AIDS) solely to the person or organization described above and solely for the purpose stated above.

GENETICS
[ ] I hereby authorize release of protected health information pertaining to genetic test results to the person or organization described above and solely for the purpose stated above.

_____ _____
Signature of Patient or Patient's Representative Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that information used or disclosed as a result of this Authorization may be further used or disclosed by someone who obtains such information and therefore may no longer be protected by Federal Privacy laws. Except to the extent allowed by law, Orchard Medical Associates, LLC will not condition treatment on my signing this Authorization. I acknowledge that I have signed this Authorization *voluntarily*. I also understand that I have the right to revoke this Authorization in writing at any time except to the extent that action has been taken in reliance on it. To revoke this Authorization, please complete our Authorization Revocation Form and leave it with the front desk or mail it to our Orchard Medical Associates office.

If this authorization is for a parent/guardian to access their child's record, the access to view their child's medical record (paper or electronic) is limited to 30 days from date of this Authorization and to the records noted in this Authorization.

This Authorization expires on: _____ (or if unspecified, 180 days from the date of signature).

_____ _____
Signature of Patient or Patient's Representative Date

If Patient Representative, describe Representative's authority or relationship to the Patient: _____

I understand that my alcohol and drug treatment records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that my Alcohol and Drug Abuse Records cannot be re-disclosed without my express authorization.

WE WILL PROVIDE YOU A COPY OF THIS SIGNED FORM Rev 08/2011