



4151 HOLIDAY STREET, N.W. – CANTON, OHIO 44718 – TELEPHONE (330) 492-8001  
FAX (330) 492-2080 – WWW.ATRIUMOBGYN.COM

## Medical Records Consent Release

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ SSN#: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Please send a copy of my medical records from ATRIUM OB/GYN INC to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mail

Fax to: \_\_\_\_\_

Will Pick Up

**Medical records may contain previous doctor records, hospital records and/or information regarding Sexually Transmitted Infections (STI's) including HIV/AIDS; alcohol and/or other drug use or physical abuse.** For that reason, please be specific about the information you wish to have released.

\_\_\_\_\_ Entire medical record including alcohol, drug, STI or abuse that may be contained in it.

From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (date) To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (date)

\_\_\_\_\_ I do NOT wish to have my entire medical record released.

Release only the following: \_\_\_\_\_

\_\_\_\_\_ (type of information)

From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (date) To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (date)

Purpose of request or need for information: Continuation of Care \_\_\_\_\_ Personal \_\_\_\_\_ Other \_\_\_\_\_

Authorization will expire Sixty (60) days from date of signature.

NOTE: You may withdraw permission for the release at any time prior to the expiration date by providing written notice to Atrium OB/GYN INC

Information released by Atrium prior to a patient's withdrawal of consent cannot be retrieved, and ATRIUM OB/GYN INC will not be held responsible for such.

\*\*\*\*\*

I hereby request Atrium OB/GYN to release my records as I have instructed above, and release Atrium OB/GYN INC from all legal responsibility that may arise from this act. I understand that I will be responsible for any charges incurred for copying and/or sending my medical records as permitted by law.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_