CHUNG MEA HA, MD, PC
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AUTHORIZATION TO USE AND/OR DISCLOSE HEALTH INFORMATION

(REQUEST FOR RELEASE OF MEDICAL RECORDS)

I, (name of patient) ____________________________________ Birthdate ______________ SSN ___________________
authorize **CHUNG MEA HA, MD, PC** to use and/or disclose my health information as identified below.
Please release a copy of my health information (medical records):

TO: __________________________________ FROM: __________________________________
__________________________________ __________________________________
__________________________________ __________________________________

______ Complete Medical Record
______ Specific Medical Records: ____

The following items must be **INITIALED** to be included:

______ HIV/AIDS Information
______ Sexually Transmitted Disease Information
______ Drug/Alcohol Treatment Information
______ Genetic Testing

______ Mental Health Information (Note: Psychotherapy notes require a separate authorization)

Except to the extent that action has been taken in reliance upon this authorization, I understand that I may revoke this authorization at any time by giving written notice to the Practice Manager. Unless revoked earlier, this authorization will **EXPIRE 180 DAYS** from the date of signing.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, enrollment or eligibility for benefits. I may inspect or copy any information to be used or disclosed under this authorization.

I also understand that, if the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations. However, the recipient may be prohibited from disclosing my health information under the applicable state or federal law and regulations.

I further understand that the person(s) I am authorizing to use or disclose my information may receive compensation (either directly or indirectly) for doing so.

____
Signature of Individual or Individual's Legal Representative

____
Date

____
Print name of Legal Representative (if applicable)

____
Relationship of Legal Representative to Individual