

D.S. Chen Health and Wellness Center
53 Old Main Street, Deerfield, Massachusetts 01342

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Please complete this form in its entirety. This form must be completed, signed by either the patient (if ≥ 18 yo) or parent/legal guardian (if ≤ 17 yo) and returned to the D.S. Chen Health and Wellness Center.

PATIENT NAME: _____ DATE OF BIRTH: _____ <i>Last First</i>	
ADDRESS: _____ <i>Street City State Zip</i>	
<u>PERMISSION FOR D.S. CHEN HEALTH AND WELLNESS CENTER TO RELEASE AND TO DISCUSS MEDICAL RECORDS:</u>	
I, _____, hereby authorize the D.S. Chen Health and Wellness Center, located in Deerfield, Massachusetts, to release and to discuss the above-named patient's medical records and clinical care to/with the below named person/entity. I understand that signing this authorization is voluntary and that information disclosed under this authorization might be redisclosed by the recipient, which may not be protected under federal or state law.	
<u>NAME OF PERSON/ENTITY TO WHOM RECORDS ARE BEING RELEASED AND/OR FROM WHOM RECORDS ARE BEING REQUESTED:</u>	
Name: _____ Address: _____ Phone Number: _____	
<u>Information to be released:</u>	
Release: _____ ALL RECORDS; or _____ Dates of Treatment _____ to _____; or _____ Other (Specify) _____	
<u>Include: (indicate by initialing)</u>	
_____ Drug and/or Alcohol Treatment/Use Records _____ Mental Health Information	_____ HIV, AIDS, STD Information _____ Genetic information
<u>Purpose of Records to Be Disclosed:</u>	
_____ At the Request of the Individual _____ Other (Specify) _____	
<u>YOUR SIGNATURE:</u>	
All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form. This authorization is valid for one year from the date the authorization is signed and may be revoked at any time in writing prior to the expiration date. A copy of this authorization shall be considered as valid as the original.	
_____ <i>Patient's Signature (if ≥ 18yo)</i>	
_____ <i>Parent/Guardian Signature (if ≤ 17yo)</i>	_____ <i>Date</i>