



RENAL MEDICINE ASSOCIATES

AUTHORIZATION TO RELEASE MEDICAL INFORMATION (RELEASE BY RMA)

PATIENT'S FULL NAME: _____ DATE OF BIRTH: _____

PATIENT'S SOCIAL SECURITY NO: _____

PATIENT'S ADDRESS: _____

The undersigned authorizes Renal Medicine Associates, to release to _____ any and all hospital and medical records or reports, provider notes, radiology and lab reports, prescription information, and all information pertaining to my examination and treatment. This authorization includes the release of all information **with the exception** of information concerning:

- Mental health records
- Communicable diseases (including HIV and AIDS)
- Alcohol/drug abuse treatment
- Other (please specify): _____
- NO EXCEPTIONS

This authorization will expire:

- one year from signature date
- _____ (insert date).

I understand that I have the right to revoke this authorization at any time and must do so in writing. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

The above information is to be released for the purpose of:

- continued medical care, treatment or consultation, billing and claims payment
- other purposes as I may direct

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

Patient Signature

Date

Parent, Guardian, Authorized Representative

Date

PLEASE NOTE: If faxed, the information contained in this facsimile message is privileged and confidential and intended for the use of the addressee listed above. If you are neither the intended recipient or the employee or agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking any action in reliance on the content of this telecopied information is strictly prohibited. If you have received this copy in error, please immediately notify the sender to arrange for return of the original documents to us.