

# MEDICAL RECORDS RELEASE AUTHORIZATION

## ASSOCIATED SURGICAL SPECIALISTS, LTD

95 ARCH STREET, SUITE 150  
AKRON, OHIO 44304  
330-564-0728  
FAX 330-564-0733

patient name	social security number - -
address 1	date of birth / /
address 2	account number
city state zip	medical record number

I, the undersigned on behalf of the above named patient,

hereby authorize **ASSOCIATED SURGICAL SPECIALISTS, LTD** to release to

name
address 1
address 2
city state zip
fax number ( ) -

the following specific information checked below regarding the diagnosis and treatment of the patient.

- |   |   |
|---|---|
| <input type="checkbox"/> OFFICE NOTES             | <input type="checkbox"/> OPERATIVE REPORTS      |
| <input type="checkbox"/> PATHOLOGY REPORTS        | <input type="checkbox"/> LABORATORY REPORTS     |
| <input type="checkbox"/> RADIOLOGY REPORTS        | <input type="checkbox"/> ENCOUNTER LISTING (EL) |
| <input type="checkbox"/> PRESCRIPTION RECORD (MR) | <input type="checkbox"/> ALL RECORDS            |

This authorization for release of information is valid for sixty (60) days but may be revoked by the patient at any time except to the extent that action has been taken in reliance thereon.

I understand and acknowledge that the medical record may contain information regarding psychiatric disorders, drug/alcohol abuse, HIV test results, a diagnosis of AIDS or an AIDS related condition and I expressly consent to the release of any such information contained in the records designated below. I agree further that a photocopy of this authorization shall be as effective as the original.

Authorizing signature: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed by:  Patient  Parent  Guardian  Other (\_\_\_\_\_)  Authorization attached

### DISPOSITION OF COPIES – OFFICE USE ONLY

- |   |   |
|---|---|
| <input type="checkbox"/> MAILED (____/____/____)                  | <input type="checkbox"/> REGISTERED MAIL (____/____/____)           |
| <input type="checkbox"/> NOTARIZED (____/____/____)               | <input type="checkbox"/> FAXED (____/____/____)                     |
| <input type="checkbox"/> HAND DELIVERED (____/____/____)          | <input type="checkbox"/> PICKED UP AT OFFICE (____/____/____)       |
| <input type="checkbox"/> CHART REVIEWED BY _____ (____/____/____) | <input type="checkbox"/> RECORDS PREPARED BY _____ (____/____/____) |