9 Commons Street
Rutland, VT 05701
(802) 779-7522 Fax: (802) 735-9662

MEDICAL RECORDS REQUEST AUTHORIZATION FORM

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

I hereby authorize the medical office of TRUE CARE VERMONT to:

[ ] RELEASE MY MEDICAL RECORDS TO: _____

[ ] OBTAIN MY MEDICAL RECORDS FROM:

MD/FACILITY:_____

Address: _____

Phone Number:_____ Fax Number:_____

Email Address: _____

INFORMATION REQUESTED/TO BE RELEASED:

[ ] Initial Examination
[ ] Office Visit Notes
[ ] LABs
[ ] Special Procedures
[ ] Mental Health/Substance Abuse
[ ] X-RAYS

[ ] COMPLETE RECORD

CONFIDENTIAL INFORMATION AUTHORIZATION: I understand that any information released is confidential and protected by law. This law prohibits further disclosure of this information without specific written consent of the patient.

9 Commons Street
Rutland, VT 05701
(802) 779-7522 Fax: (802) 735-9662

Patient Signature: _____ Date: _____

(or Authorized Legal Representative)