**Stephen E. Brown, MD, PLLC**

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AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Patient’s Name: |  | Date of Birth: |  |
| Parent/Guardian: |  | Social Security #: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I request and authorize:** | | |  | | | | | | | | | | | |
| (Provider releasing records) | | |  | | | | | | | | | | | |
| Address: |  | | | City: | |  | | | State: | |  | | Zip: |  |
| Office Phone: | |  | | | | | Office Fax: |  | | | | | | |
| **to release healthcare information of the patient named above to:** | | | | | | | | | | | | | | |
| (Entity receiving records) | | |  | | | | | | | | | | | |
| Address: |  | | | | City: |  | | | State: |  | | Zip: | |  |
| Office Phone: | |  | | | | | Office Fax: |  | | | | | | |

**This request and authorization applies to:**

|  |  |  |  |
| --- | --- | --- | --- |
| Healthcare information relating to the following treatment, condition, or dates: | | |  |
|  |  | | |
| All healthcare information | | | |
| Other: *(explain)* | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| I specifically authorize the release of the following types of highly confidential information:  AIDS or HIV, Mental Health History and Treatment, and Sexually Transmitted Diseases.  I understand that, unless action already has been taken in reliance on this authorization, I may revoke this authorization at any time by making a written request to: Stephen E. Brown, MD, PLLC  I understand that signing this authorization is voluntary and that Stephen E. Brown, MD, PLLC, may not condition treatment, payment, enrollment or eligibility for benefits on my signing this authorization.  I understand that information disclosed based on this authorization may be subject to re-disclosure by the recipient, and no longer protected by federal or state privacy regulations.  I have received a copy of this authorization. | | | |
| Patient Signature: |  | Date: | 6/19/2008 |

**THIS AUTHORIZATION EXPIRES ONE YEAR AFTER IT IS SIGNED**