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David G. Brodland, M.D.

AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL RECORDS

To the Records Custodian:

NAME _____

BIRTHDATE _____ SOCIAL SECURITY# _____

I do hereby authorize and direct Dr. John A. Zitelli/Dr. David G. Brodland to obtain/release:

- A. All medical records
- B. Tissue slides
- C. Photographs
- D. Pathology reports
- E. Lactate Dehydrogenase serum level/Blood reports
- F. Chest x-ray report
- G. Other _____

Under the HIPAA Final Privacy Rule, physicians may disclose patient protected health information (PHI) to the hospital for purposes of treatment, payment, and health care operations.

The regulations under Section 164.506©(4) read as follows: *“A Covered Entity may disclose protected health information to another covered entity for health care operation activities of the entity that receive the information, if each entity has or had a relationship with the individual who is subject to protected health information being requested.”*

Name of physician/facility: _____

Patient Signature

Date

Date release sent/initials