CARE 4 YOUR HEART
CARDIOVASCULAR DISEASE TREATMENT & PREVENTION
KATHLEEN J. DRINAN, DO, FACC

RELEASE OF RECORDS AUTHORIZATION

FEES FOR MEDICAL RECORDS:

No charge 2 years of records or less

$25.00 charge 2-5 years of records

$35.00 charge 5 years of records and beyond

***Fee is due at time of request. Please make check payable to: Kathleen Drinan, DO, Ltd.

I want my records sent to me electronically

I will pick up my records

Please mail records to:
Home address_____

E-mailaddress:_____

Other:_____

SECTION A: Individual authorizing use and/or disclosure

Name:_____

Address:_____

Telephone:_____ E-mail:_____

DOB:___/___/___ Last 4 digits of SSN:_____

TO THE INDIVIDUAL: PLEASE READ THE FOLLOWING AND COMPLETE THE INFORMATION REQUESTED

No Conditions: This authorization is voluntary. We will not condition your treatment on receiving this authorization. If you are temporarily prohibited from completing and signing this authorization for religious reasons, you will not have to do so this time, but complete it as soon as you are able to.

Effect of Granting this Authorization: The protected health information described to and/or received by persons or organizations who are not subject to federal health information privacy laws. These persons or organizations may further disclose the protected health information and it may no longer be protected by federal health information privacy laws. However, any mental health, substance abuse, genetic testing, or HIV/AIDS information disclosed pursuant to this authorization. If you are authorizing the disclosure of psychological tests, such tests may only be disclosed to a psychologist that you have designated.