

Edward Wolanski, MD, PC

Edward T Wolanski MD * Donna F VInal CNM PhD
600 Peter Jefferson Parkway Suite 300 * Charlottesville, VA 22911 (434)293-9800

Authorization to Release Medical Information

Patient's Full Name _____
Street Address _____

Birth date _____
Social Sec. # _____
Phone # _____

I, _____ authorize _____

Release Records From/To

Release Records To/From

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Please check Records to be released:

History and Physical
 Progress Reports
 Operative notes
 Other _____

Laboratory Reports
 Pathology Reports
 Radiology Reports
 All Records

Confer with person (s) listed below verbally about my medical information.

Time period from _____ to _____

Purpose of Disclosure

Referral to Specialist
 FMLA* (\$15+form)
 Personal*

Transfer of Care
 Insurance *
 Disability Forms *

Legal Investigation *
 Aflac* (\$10/form)
 Other * _____

(Initial one) _____ I Do _____ I Do Not Authorize the release of information related to AIDS or HIV Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

(Initial) _____ I understand that Edward T Wolanski MD PC will provide this information within 15 days from receipt. I understand I may revoke this authorization at any time by notifying Edward T Wolanski MD PC in writing. Revoking this authorization will not affect uses or disclosures of my confidential information that occurred prior to revoking. I understand that confidential information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal/state law.

(Initial) _____ *Fees may apply for record copying and completing forms as requested. I agree to be responsible for payment for this service. Fees for preparing and furnishing this information will be charged according to the rulings set forth by the Virginian Statutory Code.

Patient Signature: _____ Date: _____

Request Received by _____ Date _____

Completed by _____ Pages _____ Date _____

Released: Fax# _____ Mail _____ Pt PU _____ Date _____