



Phone: 908-722-1122

Fax: 908-722-0002

Website: mfrancemd.com

Date:

Patient Name:

**Authorization to Release Protected Health Information**

I, \_\_\_\_\_, hereby authorize the office of Matthew P. France, MD to release my full and unedited medical file to the following person / facility. I understand that your office can only release the records of Dr. France and any reports contained in my file from another medical office must be requested directly from that particular office. I also understand that this release must be signed each time I request records to be forwarded or copied for my personal use. I also understand that diagnostic studies (X-Rays, MRI's, CTScans...) cannot be faxed and we cannot courier / mail them and therefore I will need to personally come to the Pluckemin office to receive these. **I fully understand my medical record contains personal information and history and I do not object to the below named entity to have full access to these unedited documents as they stand. I furthermore understand this release overrides any previously received releases.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



1) Please list exactly which records are being requested for release:

2) Who should these records be mailed / faxed to? Please provide full name, address, phone number and facsimile number (if applicable).

3) When do the records need to be received by?

( Please note: We will require pre-payment and 1 weeks notification to pull your file, copy records and forward to the above)

4) If you do not want your medical records forwarded via regular mail or facsimile and you cannot personally pick up your medical records, who will be coming to the office to pick up these records for you?

(Please contact the office prior to arriving to verify that the record duplication is complete. We will need to verify the identification of the individual picking up the medical records, please make sure they have appropriate identification.)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship