



REQUEST AND RELEASE OF INFORMATION

*The Moscati Center is a legal and authorized entity of JMJ Family Practice Inc.

All records, documentation, and services are done on behalf of JMJ Family Practice Inc.

I, _____ (name of patient) and _____ (date of birth),

Hereby authorize **Moscati Center** to disclose and receive records and information about me obtained in the course of treatment.

The information may be release and obtained from the following:

Name of person/agency: _____

Address: _____

Telephone number: _____ Fax: _____

The information obtained or disclosed is limited to:

(Please check box to all that apply)

<input type="checkbox"/> Health maintenance (Physical)	<input type="checkbox"/> Radiology	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Social history	<input type="checkbox"/> Demographics
<input type="checkbox"/> Scholastic/school records	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Medication record
<input type="checkbox"/> Other		

This information will be used for the purposes of: _____

I understand that I do not need to consent to the release of this information. I will not be denied treatment if I do not authorize the requested use and disclosure of this protected health information. **By signing this release, I give my consent willingly for the purpose specified above.**

I understand that this authorization is effective until_____. I understand that I have the right to revoke or cancel this authorization. No revocation will be effective unless and until a written or verbal witnessed notice of revocation has been delivered to the Privacy Officer of The Moscati Center.

I have reviewed the information above, and any questions I many have had about this form have been answered to my satisfaction. I have been offered and/or given a copy of this form.

Signature (patient over 18 years of age) _____ Date _____

Signature of Parent/Guardian _____ Relationship to patient _____

Witness to signature _____ Date _____

Federal regulation 42CFR Part 2 and State Regulation 55 PA Code 5100.34 prohibits further disclosure of this information without the prior written consent of the person to whom it pertains. Act 148 also prohibits any further disclosure without written consent of the person to whom it pertains of is authorized by the confidentiality of HIV-related information act.

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