



AUTHORIZATION TO RELEASE MEDICAL RECORDS

**CHESTER
COUNTY
PRIMARY
CARE**

* All sections of this form MUST be completed in order for records to be released*
Failure to complete all sections will result in form being returned and release of records will be delayed

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or a health care provider, the released information may no longer be protected by federal privacy regulations.

Patient Name (please print) _____ **D.O.B** ____ / ____ / ____

Legal Signature of Patient, Parent/Guardian, Power of Attorney: _____

_____ Date _____

I Authorize... Chester County Primary Care
1646 West Chester Pike, Suite 21
West Chester, PA 19382

Phone (610) 696-0338
Fax: (610) 692-7838

To release my medical records to: **OR** To obtain medical records from:

Doctor/Hospital/Facility/Ect: _____

Address: _____

I authorize the following to be released:

- _____ My Entire Medical Chart
- _____ Past 5 Years
- _____ Other (Please Specify) _____

I GIVE SPECIAL PERMISSION TO RELEASE ANY INFORMATION REGARDING:

- _____ Information relating to drug or alcohol abuse, dependence or treatment Initials: _____
- _____ Psychiatric/Mental Health/Psychotherapy records Initials: _____
- _____ HIV Related Information Initials: _____

I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do, it will not have any effect on any action they took before they received the revocation.

Initials: _____

Please note, you can access your records from Chester County Primary Care via your Patient Portal at your convenience and at no cost to you. Please speak with a receptionist if you would like information on how to register for the portal.

*If you require assistance with the transfer of records **TO** Chester County Primary Care from your previous medical provider, please contact Renee at Chester County Primary Care (610-696-0338)*

This signed authorization is not valid after one year from the signature date or if active authorization is revoked by the patient.

- Anne C. Bowen, MD
- Lisa B. Johnson, MD

- Kathryn Grugeon, CRNP
- Vicki A. McLorie, CRNP

📞 610 696 0338
📠 610 692 7838