

**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

**PATIENT INFORMATION** (Please Print):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**RELEASE MY MEDICAL RECORDS FROM:** (please provide accurate information to avoid delays)

DR. Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SEND MY MEDICAL RECORDS TO:**

Lifespan Family Healthcare  
Medical Records Coordinator Phone: 207-563-3366 Ext 7  
80 River Road Fax: 207-563-3393  
Newcastle, ME 04553

**REASON:**  Selected new physician in the area  Other \_\_\_\_\_  
 Change of insurance  Moving out of town

**PORTION OF RECORDS TO BE RELEASED:**

Entire Medical Record  Other \_\_\_\_\_  
\_\_\_\_\_

Restrictions: I understand that the recipient of this information may not use this information except for the express purpose identified above unless another authorization is obtained from me or unless such or disclosure is specifically required or permitted by law.

Notice: Unless specified below this authorization is for full disclosure of all records, including clinical findings, diagnoses, treatments, assessments, recommendations for further care, names of all health care personnel, dates of hospitalizations and ambulatory visits, charges and any information that may be related to drug, alcohol, psychiatric conditions, and/or sexually transmitted disease, including AIDS/HIV information.

Exclusions (please initial): \_\_\_\_\_ Drug/Alcohol \_\_\_\_\_ Sexually Transmitted Disease  
\_\_\_\_\_ HIV/AIDS \_\_\_\_\_ Mental Health/Psychiatric

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

A photocopy of this release is as valid as the original. I understand that this consent is only for the specific purpose stated and may be revoked at any time. This consent expires automatically when its purpose has been accomplished.