INTERNATIONAL RISK MANAGEMENT GROUP

4414 Route 202
Doylestown, PA 18902
T: 215.794.1488 F: 215.794.1498

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: _____ **Date of Birth**: _____/_____/_____

Social Security Number: _____ **Telephone Number**: _____

I Authorize: _____

To Release Medical Information To: International Risk Management Group
4414 Route 202
Doylestown, PA 18902

Purpose of Disclosure: Processing Insurance Claim

Dates of Service: _____

Medical Information To Be Disclosed:

☐ Inpatient ☐ Outpatient ☐ Emergency Department

Specific Reports To Be Disclosed:

☐ Emergency Department Reports	☐ Operative Reports	☐ Assessment
☐ Discharge Summary	☐ Physical/Occupations Therapy Notes	☐ Treatment Plan
☐ Laboratory Reports	☐ Pathology Reports	☐ Progress Notes
☐ History & Physical	☐ Radiology Reports	☐ Admission Notes
☐ Other: _____		☐ Consultation Reports

I hereby authorize the treatment facility indicated above and its employees to release the designated information contained in my patient record or designated record set. I understand and acknowledge that this authorization extends to all or part of the information designated above, which may include treatment for physical and mental illness, alcohol and/or drug abuse, and/or AIDS (Acquired Immunodeficiency Syndrome), and/or may include results of an HIV test or the fact that an HIV test was performed. Information in the form of audio, photo, or video has been designated above, if applicable. A separate authorization is required for the release of psychotherapy notes. I expressly consent to the release of information designated above. This authorization is valid for 90 days, unless revoked by my written notice, provided said notice is received prior to release of the above designated information.

⇒_____ _____
Signature of Patient or Person Authorized to Consent — Date Signed

⇒_____
Relationship, if not the Patient

⇒_____ _____
Witness (Optional) — Date Signed

For records covered by 42 CFR Part 2: This information has been disclosed to you from records protected by Federal Confidentiality Rules. The Federal Rules Prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.