

# Bluegrass Retina Consultants

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## AUTHORIZATION FOR THE RELEASE OF INFORMATION

Date \_\_\_\_\_ Patient Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

**I authorize the release of medical and billing information (as indicated below):**

From \_\_\_\_\_ To \_\_\_\_\_

Please indicate how you would like to receive your records:

- Mail (\$25 charge)                       Fax (Free)  
 Certified Mail (\$35 charge)               Pick up in office (Free)

I am requesting the following dates: \_\_\_\_\_ through \_\_\_\_\_ for the purpose of \_\_\_\_\_

Please discuss/release a copy of all my medical records, including, but not limited to, progress notes, operative notes, laboratory results, and diagnostic results. Or please release just the following: \_\_\_\_\_

Authorization expires in 60 days unless indicated. Extend expiration date for \_\_\_\_ days.

By my signature I authorize release of medical records.

Patient/Legal Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship of representative to patient \_\_\_\_\_

Reason for representative: Minor \_\_\_\_\_ Incompetent \_\_\_\_\_ Deceased \_\_\_\_\_

Signature of staff witness \_\_\_\_\_

You have the right to obtain a copy of your medical records. The law requires a signed authorization form which contains certain criteria included on this form. This form must be fully completed before any medical information can be released. Incomplete forms may be returned for completion. Kentucky law allows for one free copy of your medical record. This free copy is one requested by you for yourself or for a third party. Additional requests will cost \$1.00 per page plus mailing costs. It is advised you keep a personal copy of any medical information you request to avoid future costs of obtaining copies. This request will be completed within 30 days of receipt. You will be notified via fax or phone if the records cannot be processed in 30 days. If you would like to pick up your records, indicate this on the form with a phone number where you can be contacted. Otherwise, records will be mailed to the address listed on the authorization.