



# Authorization for Release of Medical Records and Confidential Information

I authorize \_\_\_\_\_  
Name of Medical Practice or Physician  
to release the medical records and/or confidential information from the record of:

Patient Name	Birth Date	SSN/MRN
*****		

**PATIENT'S PHYSICIAN INFORMATION**

_____	_____	_____	
Name of Patient's Physician	Physician's Work Phone Number	Physician's Fax Number	
*****			
_____	_____	_____	_____
Street Address	City	State	Zip code

**Release the information to Allegheny County Health Department (ACHD):**

_____	_____	_____	
Facility/Person at ACHD to receive records	Phone	Fax	
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_____	_____	_____	_____
Street Address	City	State	Zip code

Please identify the records to be released:

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**\*Note—An individual requesting his or her medical records does not have the right to the following information, including, but not limited to: Psychotherapy notes, which are the personal notes of a mental health care provider documenting or analyzing the contents of a counseling session; and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding) (See 45 C.F.R. § 164.524(a)).**

Date(s) of Service: \_\_\_\_\_

\*I understand that I have the right to revoke this authorization at any time and that I must do so in writing. I understand the revocation does not apply to the information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: \_\_\_\_\_ . If I fail to specify an expiration date, event, or condition, this authorization will expire in **90 days** from the date of the signature.

\_\_\_\_\_  
**Signature of Patient or Personal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Patient or Personal Representative**

\_\_\_\_\_  
**Relationship to Patient**

**Please mail or fax to:**  
Allegheny County Health Department  
Attn: Legal Section  
542 Fourth Avenue  
Pittsburgh, PA 15219  
Fax: (412) 578-8144