

Ground Force Medicine LLC

Sara B. Frawley ND
4 Willowbrook Rd.
Cromwell, CT 06416

Medical Records Release

(Name of Patient)

(Birthdate)

(Street Address)

(City, State, Zip Code)

Authorizes:

Release of Records to:

(Name of Physician)

Sara B. Frawley N.D.

Phone: 203-293-7293

(Name of Health Care Facility)

Fax: 877-784-2390

(Street Address)

(City, State, Zip Code)

Information to be Released:

All Clinic Records

Visual Fields

Lab Reports

Office Notes

X-Ray Reports

Other (Specify)

Photographs

List other facilities' records to be included when releasing for the purpose of continuing medical care:

For the Following Dates: _____ **until** _____

In compliance with state statutes which require special permission to release otherwise privileged information, please release records pertaining to:

Mental health

AIDS test results

Drug abuse

Developmental disabilities

AIDS-released disease diagnosis

Other

Alcoholism

Purpose or need for disclosure: (check applicable categories)

Further medical care

Payment of insurance claim

Legal investigation

Application for insurance

Vocational rehabilitation evaluation

Personal

Disability determination

Other (Specify)

I understand that this authorization shall be valid for one (1) year unless otherwise stated below or revoked through written notice to Medical Records.

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the person(s) or entity listed below.

I understand that you will provide this information within 15 days from receipt of request and that a fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.

Signature of Patient/Parent:

Date:

(if signed by person other than patient, state relationship and authorization to do so)

Patient is:	Minor	Incompetent	Disabled	Deceased
Legal authority:	Legal	Legal guardian	Next of kin deceased	