AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Requested By: _____ Date:_____

Patient Name _____ DOB_____ Phone:_____

Commonwealth Urology Provider Name: ____ Dr. Sunil V. Patel ____ Dr. John J. Basile

Medical Information Release To:

Name/relationship if other than patient: _____ OR Release to:

Provider/ practice Name: _____

Address: _____City:_____State:____ Zip:_____

Phone:_____ Fax:_____

Purpose of Disclosure: _____

Information to be disclosed:

___Last Office Visit note ____ All available Office Visit notes(Consultations/follow-up visit)
___ X-ray and lab reports ____Hospital-operative reports, consultations

Medical Record Search and Handling Fee: $20.00

_____ Pages (up to 50 pgs @ .50/pg $_____

_____ Additional Pates @ .25/ pg $_____

Fax/Handling Fee: $_____

Postage/Shipping Fee: $ 10.00

TOTAL AMOUNT DUE: $_____

Records Prepared and Appropriate Party Notified By:_____ Date:_____

Method of Payment: ____ Cash ____ Check_____ Visa_____ Master Card____

Card#_____ Exp:_____ Ver. Code:_____

_____ _____

Signature: Date:

I authorize release of my medical records from Commonwealth Urology in accordance with the specification listed above. I understand that I have a right to inspect and receive a copy of the disclosed material at a cost of $0.50 per page for the first 50 pages and $0.25 per page thereafter, and a fee for search and handling not to exceed $20, plus all postage and shipping costs. These charges are in Compliance with Virginia State Law Code § 8.01-413 and the copies of Physician's records shall be furnished within 30 days of receipt of such request to the patient. Records of compliance shall be maintained from the date of the entity's last examination and for no less than six years. Information not originally generated by Commonwealth Urology will not be released. Such information must be obtained from the original source.