

HEALTHCALL MEDICAL CENTER, LLC
PLAINFIELD WALK-IN AND MEDICAL CENTER
558 NORWICH RD
PLAINFIELD CT 06374
Phone: 860-564-4054 Fax: 860-564-0354
MEDICAL RECORDS RELEASE AUTHORIZATION

PATIENT INFORMATION:

NAME: DATE OF BIRTH:

ADDRESS: TELEPHONE:

TYPE OF RELEASE:

I AUTHORIZE PLAINFIELD WALK-IN TO RELEASE / DISCLOSE MEDICAL RECORD INFORMATION TO:

I AUTHORIZE PLAINFIELD WALK-IN TO OBTAIN / USE MEDICAL INFORMATION FROM:

FACILITY NAME:
ADDRESS:
CITY / STATE / ZIP:

INFORMATION REQUESTED AND REASON FOR REQUEST (INCLUDE DATES WHERE APPROPRIATE AND CHECK ALL THAT APPLY)

ENTIRE RECORD
 IMMUNIZATION RECORD ONLY
 HEALTH HISTORY FROM _____ TO _____
 LABORATORY RESULTS FROM _____ TO _____
 XRAY REPORTS FROM _____ TO _____
 BILLS AND PAYMENT HISTORY FROM _____ TO _____

RELEASE OF SENSITIVE INFORMATION: YES NO

YOUR SIGNATURE IS REQUIRED BY LAW TO RELEASE RECORDS CONTAINING INFORMATION REGARDING: HISTORY, TREATMENT, AND TESTING OF SEXUALLY TRANSMITTED DISEASE INCLUDING HIV/AIDS, ALCOHOLISM, DRUG DEPENDENCY, ADDICTION OR ABUSE, ILLEGITIMACY OF BIRTH, MENTAL ILLNESS OR RETARDATION. ANY AND ALL INFORMATION REGARDING MENTAL HEALTH PERTAINING TO SOCIAL WORKERS, PSYCHOTHERAPISTS, PSYCHOLOGISTS, FAMILY OR MARRIAGE COUNSELORS OR OTHER MENTAL HEALTH WORKERS.

PATIENT/ LEGAL REPRESENTATIVES SIGNATURE _____
DATE _____ RELATIONSHIP TO PATIENT _____