iMed

Maria I Bermudez Fresse, MD

Anti-Aging, Regenerative, Functional, And Metabolic Medicine

imedconcierge@gmail.com www.imedmd.org

REQUEST AND AUTHORIZATION TO TELE-FAX, E-FAX, VIDEO CALL, TEXT, OR EMAIL

MEDICAL RECORDS

NAME OF PATIENT (FIRST, LAST):_____

DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____STATE, COUNTRY: _____ZIP:_____

EMAIL ADDRESS: _____

FAX NUMBER: _____

RESPONSIBLE PARTY ISSUING THIS AUTHORIZATION:_____

RELATIONSHIP TO PATIENT: _____

_____I hereby authorize and direct iMed and authorized staff to send and receive all or part of the patient's medical records, lab results, and other protected health information ("Protected Health Information") to and from me; to send orders to the pharmacy and to send orders and receive laboratory results by email or facsimile. This will allow to expedite transactions of health care and for me to receive consultation notes immediately following the consultation, when applicable, so that a medical plan can be promptly instituted.

_____ I understand that I have the right to revoke this authorization at any time by sending written notification to iMed at IMEDCONCIERGE@GMAIL.COM or by fax to: 937.795.3225

_____ I understand that the revocation of this authorization is not effective to the extent that you have relied upon it by sending the Protected Health Information prior to receiving my written revocation notice.

_____ I understand that any Protected Health Information forwarded to me pursuant to this Authorization may be subject to unauthorized interception and is no longer protected under HIPAA.

_____ I acknowledge that you will not condition the patient's care or treatment on whether I sign this Authorization.

_____ I understand that this request excludes requests for release of medical records to other health care providers and/or insurance companies. Those requests will require a separate authorization from the patient/responsible party for such release unless there is an exception according to HIPAA.

Responsible Party Signature: _____Date: _____