

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 Name:

Date Of Birth:

Telephone:

**RELEASE/ DISCLOSE/ SEND RECORDS TO:**

Facility/ Doctor Name:

Phone:

Fax:

Reason for Disclosure:

**OBTAIN / RECEIVE RECORDS FROM:**

Facility/ Doctor Name:

Phone:

Fax:

Reason for Disclosure:

**INFORMATION REQUESTED**

Dates of service:

Last History/Physical

Medication list/ Problem list

Last Test Results ( lab and radiology)

Other:

**RELEASE OF SENSITIVE INFORMATION**

Your signature is required by law to release records containing information regarding : History, Treatment, and testing of **sexually transmitted disease (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, family or marriage counselors or other mental health workers.

Patient/or Legal Representatives

Signature \_\_\_\_\_

Date:

Relationship to Patient