Family Medicine Associates
54 S. Forrest St., York, PA 17404
Tel: 717 792 1811 Fax: 717 792 3669

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize Dr. Eric Barr _____ **receive from**
Nancy Poloshuk, PA-C _____ **disclose to**

_____
Name of Physician or Facility

The following information regarding my:

☐ inpatient care ☐ outpatient care ☐ emergency care ☐ consultation
☐ complete medical records ☐ admission record ☐ discharge summary ☐ history and physical
☐ progress notes ☐ physician orders ☐ X-rays ☐ operative reports
☐ laboratory reports ☐ other _____

the purpose of disclosing the above information is indicated by a check mark below:

☐ continuing care ☐ insurance ☐ legal ☐ other _____

This information is being disclosed to the above person, organization or agency from records whose confidentiality may be protected by the Drug and Alcohol Abuse Control Act: (PA Law, Act 63) and/or the Mental Health Procedures Act.(PA P.L. 817) and/or Confidentiality of Alcohol and Drug Abuse Patient Record Regulations (Federal Public Law 93-282) and/or Confidentiality of HlV related information Act (PA Law, Act 148). My signature below authorizes release of all such information by routine/express mail service or facsimile transaction.

I understand that I have no obligation whatsoever to disclose information from my record and understand that I may revoke this authorization at any time in writing, except to the extent that action based on this consent has been taken. I fully understand the contents of this authorization and voluntarily consent to the release of the information as stated.

This authorization shall expire 30 days from the date executed under PA State Law, Act 63. All other authorizations expire 6 months from the date executed unless otherwise specified by the patient.

_____	_____	_____
Print Patient Name	Patient Signature	Date
_____	_____	_____
Patient's Date of Birth	Relationship to Patient	Patient's SS #
_____	_____	
Witness	Date	

Note: This authorization will not be accepted unless it is completed in its entirety.