



Margie Brandquist, CNM
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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Print Patient Full Name
Street Address
City / State / Zip
Birth Date
Social Security Number
Home Phone Number

At the request of the individual, I do hereby authorize

to release:

- Discharge Summary
History & Physical
Progress Notes
Operative Notes
Pathology Reports
Laboratory Reports
Radiology Reports
ECG/EEG/Cardiac Cath
Emergency Reports
OB Records
Sonogram Reports
Other

I do I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

INFORMATION RELEASE TO: LOUDOUN COMMUNITY MIDWIVES
19465 DEERFIELD AVE
SUITE 205
LANSDOWNE, VA 20176
FAX: (703) 726-9612

PURPOSE OF DISCLOSURE:

- Referral to specialist
Legal Investigation
Other (please specify)
Insurance
Disability Determination
Workers Comp
Personal
Change of Doctor/Provider
Continuing Care

Please provide the best telephone number in the event we need to contact you (home or work or cell)
( ) -

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not effect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal regulations. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of individual or guardian or Personal Representative of patient's estate
Date

NOTE: There may be a charge for a personal copy or the permanent transfer of your records as follows: a \$10 base fee, \$.50 per page for pages 1-50, then \$.25 for any pages over 50.