

## AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH/MEDICAL RECORD INFORMATION

I hereby authorize the following to disclose the protected health information of the patient listed below. I understand that the information used or disclosed pursuant to this authorization could be subject to be redisclosed by the recipient, unless prohibited by law.

Patient Name : \_\_\_\_\_  
Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Current Address : \_\_\_\_\_  
Phone Number : \_\_\_\_\_ SSN : \_\_\_\_\_

### NAME OF FACILITY OR PERSON THAT NOW HOLDS THE RECORDS:

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone Number : \_\_\_\_\_ Fax # : \_\_\_\_\_

### PLEASE TRANSFER RECORDS TO:

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone Number : \_\_\_\_\_ Fax # : \_\_\_\_\_

Records Requested :  History and physical  Labs / Pathology  Xray / DI Reports  Office Notes  
 All of the Above  Other \_\_\_\_\_  
Highly Confidential Information :  Mental Health  Alcohol / Drug Abuse  STD / STI Information  AIDS / HIV  
 All of the Above  Other \_\_\_\_\_  
Purpose of Disclosure :  Purpose of Disclosure  Other \_\_\_\_\_

**PRISMA CONSENT:** PRISMA is a secure health information search tool used within our Electronic Medical Records (EMR) system, by Delphi Enhanced Primary Care and Orchard Medical Group. It allows our clinicians to quickly find and view your medical records from other doctors' offices, clinics, urgent care centers, hospitals and health systems, even if they use a different electronic record systems.

By consenting, you allow us to:

- Request and receive your records from participating external healthcare providers and organizations through PRISMA.
- Share relevant clinical information about you with other participating providers (if needed for your care).

You can change or withdraw this consent at any time by notifying our office in writing.

I consent to the use of PRISMA  I DO NOT consent to the use of PRISMA

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Legal Representative

\_\_\_\_\_  
Relationship to Patient