

Release of Records FROM Dr Marchetti

Part A- Patient Information- (please print)

Name (First, MI, Last) _____
Date of Birth

Address (street, city, state, zip code) _____
Daytime phone number

Part B – Previous Physician/Practice Information

I authorize the following physician/practice to release the information specified below in Part C:

Pennie Marchetti, MD
1355B Corporate Drive, Hudson, Ohio 44236

Part C – Information to be Released

I authorize the physician/medical practice in Part B to release the following (circle one):

- | | |
|------------------------------|-----------------------------|
| Summary/Explanation | Specific information: _____ |
| Immunization records | _____ |
| Three year pertinent history | Entire medical record |

*I understand that the medical record may contain information regarding **psychiatric disorders, drug/alcohol abuse, HIV test results, a diagnosis of AIDS or an AIDS related condition**, and I expressly consent to the release of any such information in the records designated above.*

Part D – Recipient of Information

Forward a copy of the information specified in Part C to:

Name: _____

Address _____

The following fees apply to copying your medical records:

Summary- no charge

Three year pertinent history-\$10

Entire record-

For requests made by patients or their guardians:
\$3.18 per page for the first 10 pages,
66 cents per page for pages 11-50,
27 cents per page for pages numbering more than 50.
The actual cost of postage

For a requests made by someone other than the patient or patient's guardian:
An initial fee of \$19.58 to compensate for the records search.
\$1.29 per page for the first 10 pages,
66 cents per page for pages 11 through 50,
27 cents per page for pages numbering more than 50.
The actual cost of postage

Patient Signature: _____ Date: _____

Printed Name _____

Patient Representative _____ Date: _____

Printed name of representative _____

Identity verified (circle one):
Known to staff _____
Photo ID _____
Signature comparison _____
Initial _____

Records released
Date _____
Initial _____