MGA
Middlesex Gastroenterology Associates

410 Saybrook Road, Suite 201
Middletown, CT 06457
(860) 347-4620 Phone
(860) 346-9687 Fax

Authorization For Release of Medical Records

Patient Name: _____ D.O.B:____/____/____

I authorize Middlesex Gastroenterology Associates to release all medical information with respect to the treatment of the above referenced patient, including information relating to diagnosis or treatment of mental illness or drug or alcohol abuse and/or confidential HIV related information. **Please note that records may take up to 30 business days**. Please remember to put **complete mailing address** where records should be released to.

Mail to: _____

Address: _____

City, State & Zip: _____

The purpose of this release of information and the use to which the information will be put are as follows:

_____

_____

The nature & extent of information to be disclosed is (type of records & dates of service to be released):

_____

_____

I understand that with respect to psychiatric information, refusal to grant consent to release of information will not jeopardize my right to obtain present of future treatment except where disclosure is necessary for such treatment.

This consent is subject to revocation at any time except to the extent that action has been taken in reliance whichever is later.

This authorization shall expire one year after the date appearing below or one year after my final treatment, whichever is later.

Date: ____/____/____ _____

Signature of Patient or Person Granting Authorization on Behalf of the patient

Witness: _____ Relation if other than patient: _____

See Notice Of Rights And Confidentiality Requirements On Reverse Side

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Notice

Psychiatric Records & Communications:

In the event that information released constitutes privileged physician patient communications:

- The confidentiality of this record is required under Chapter 899 of the Connecticut General Statutes. This material shall not be transmitted to anyone without written authorization as provided in the aforementioned statues.

Drugs & Alcohol Abuse Records

In the event that information released is protected by the HHS Confidentiality of Alcohol and Drug Abuse Patient Records Regulations:

- This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

HIV Related Information

In the event information released constitutes confidential HIV related information protected under Connecticut Law:

- This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.