



**Board Certified  
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**ABIM CERTIFIED**  
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Authorization for Release of Patient Information

The information in this Authorization is confidential and protected by Federal and State Law from unauthorized use of disclosure:

I, \_\_\_\_\_, hereby authorize: \_\_\_\_\_  
Patient/Guardian/POA Individual/Facility/Program/Physician

Address/Telephone Number \_\_\_\_\_

To release to: \_\_\_\_\_  
Individual/Facility/Program/Physician

Address/Telephone Number \_\_\_\_\_

Patient information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Information to be released:

**GENERAL MEDICAL RECORDS**

- Admission/discharge transcription
- All renal/kidney records/results
- Diagnostic test results (labs, x-rays)
- Operative Reports
- Consultations
- Progress Notes
- Other: (specify) \_\_\_\_\_

**ALL RECORDS:** includes all general medical, drug/alcohol, and drug/alcohol, and behavioral health records

Purpose of disclosure:

Continuity/coordination of medical care  Other (describe fully) \_\_\_\_\_

I certify that this form has been explained to me and that I understand its contents. I understand that I may revoke this consent to release protected health information (PHI) at any time in writing by sending a signed written letter to the Practice Administrator of Kidney Care Specialists, LLC – Valley Kidney, except in event that action has already been taken in relevance to it. Kidney Care Specialists, LLC . (d/b/a Kidney Care Specialists - Valley Kidney) may not condition treatment on your agreement to sign this Authorization. This information has been disclosed to you from PHI whose confidentiality is protected by Pennsylvania and Federal law. PA law prohibits you from making any further disclosure of information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or is otherwise permitted by law. A general authorization for the release of information is not sufficient for this purpose.

\_\_\_\_\_  
Patient's Signature (or guardian/POA/personal)

\_\_\_\_\_  
Date

Witness

Expiration date: \_\_\_\_\_ (90 days from date of signature)