



**Board Certified Nephrologists**

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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: \_\_\_\_\_
Individual/Facility/Program/Physician

Address/Telephone Number

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

Address/Telephone Number

**Patient information regarding:**

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 records
\_\_\_ Records to include behavioral health records, HIV records, and drug/alcohol 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 information at any time in writing by sending a signed written letter to the Practice Manager of Valley Kidney Specialists, P.C., except in event that action has already been taken in relevance to it. Valley Kidney Specialists, P.C. may not condition treatment on your agreement to sign this Authorization. This consent begins on the date of signature and is valid for a period of 90 days. This information has been disclosed to you from records 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