

COLONIAL MEDCARE, P.C.
2801 BOULEVARD, SUITE B
COLONIAL HEIGHTS, VIRGINIA 23836
(804) 524-0524

Authorization for Disclosure of Health Records and Information

Patient Name: _____ Birth Date: _____

Records Requested From: _____

Street Address	City	State	Zip
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Releasing Records to: Colonial Medicare, P.C.
2801 Boulevard, Suite B
Colonial Heights, Virginia 23836
Phone: (804) 524-0524
Fax: (804) 524-0520

Patient gives Colonial Medicare, P.C. authorization to obtain all x-ray reports, lab reports and medical records.

**All original x-rays are to be returned promptly.

- Drug or Alcohol Abuse Diagnosis or Treatment
- HIV (AIDS) Testing Treatment
- Psychiatric Care/Mental Illness
- Confirmed STD Test Results and/or Treatment

I understand that records are protected under confidentiality regulation, and any records that contain information regarding drug and/or alcohol abuse that are created by an alcohol abuse or drug abuse prevention program that are protected under federal and state confidentiality laws. I understand that said records containing information about the diagnosis, treatment or referral of alcohol and drug abuse problems cannot be disclosed without my written permission and that those receiving this information are prohibited from re-disclosing those records unless expressly permitted by my written consent. I understand that any records that contain information regarding HIV and/or confirmed STD test or treatment records cannot be disclosed without my written permission unless permitted by stat law, and that those receiving this information are prohibited from re-disclosing these records without my further written permission.

Signature: _____ Print Name: _____

Witness: _____ Date: _____