

**AUTHORIZATION TO OBTAIN MEDICAL RECORDS**

Patient Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Dr. \_\_\_\_\_ of Acton Medical Associates, PC to **obtain** my personal health information from:

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Office notes (**2 years**); Immunizations; Radiology and diagnostic reports, consults, labs (**5 years**); **ALL** surgical notes, procedure notes and pathology reports

\_\_\_\_\_ Abstract of entire medical record

\_\_\_\_\_ Other medical information dating from: \_\_\_\_\_

**Release of Information Requiring Specific Consent:** The following categories of information may be included in your medical record. **INITIAL** below if you **DO NOT** want to have this information released:

\_\_\_\_\_ Abortion                      \_\_\_\_\_ Behavioral/Mental Health                      \_\_\_\_\_ HIV/AIDS  
\_\_\_\_\_ Alcohol/Drug Abuse                      \_\_\_\_\_ Genetic Testing                      \_\_\_\_\_ Domestic Assault                      \_\_\_\_\_ STDs

I understand that:

- I may inspect or obtain a copy of the protected health information described by this authorization.
- I may revoke this authorization in writing at any time. I also understand that such revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed.
- Information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient and, if so, may not be subject to Federal or State law protecting its confidentiality.
- This authorization will automatically expire 90 days from the date set forth below unless otherwise specified:  
\_\_\_\_\_ (Date of expiration)

I have read and understand the above statements and authorize disclosure of the information requested above:

\_\_\_\_\_  
Signature of Patient (if 18 or over)/ Parent/ Legal Representative Date

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(978) 635-8700

Littleton, MA  
592 King Street  
(978) 486-9255

Harvard, MA  
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