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Authorization for Release of Medical Information

Print Patients Full Name

Date of Birth

Street Address

Social Security Number

City/State/Zip Code

Home Phone Number

Discharge Summary

History & Physical

Progress Notes

Pathology Reports

Laboratory Reports

Radiology Reports

Emergency Reports

Other

_____ I do _____ I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

I HEREBY AUTHORIZE THE RELEASE OF RECORDS FROM: _____

PLEASE RELEASE INFORMATION TO:

**Sterling Family Practice
21135 Whitfield Place, Suite 107
Sterling, VA 20165
Phone: (703) 421-7000 Fax: (703) 430-4830**

PURPOSE OF DISCLOSURE:

____ Referral to Specialist ____ Insurance ____ Workers Comp ____ Change of Doctor/Provider
____ Legal Investigation ____ Personal ____ Continuing Care ____ Disability Determination
____ Other (please specify) _____

Please provide the best telephone number in the event we need to contact you (home, work or cell)

(____) _____ - _____.

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal regulations. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of Individual, Guardian or Legal Representative

Date

How to Request eDelivery of Your Records

You can request to have your medical records delivered electronically with HealthPort eDelivery. With electronic delivery, you will receive your records more quickly through our secure and encrypted website.

To request eDelivery, follow these steps:

1. Complete the HIPAA-compliant request for medical records document
2. Provide your email address for record available notification
3. Once your records are processed, a notification email will be sent to you with instructions on how to access your records via HealthPort's secure, encrypted website for record retrieval
4. Once logged on to the secure website, you can view, print, and save your medical records

At HealthPort, we understand the importance of every record request, and we strive to keep protected health information (PHI) safe at all times with our security measures, encryption, and release of information processes. To ensure the security of your medical information, your records are stored on HealthPort's secure website until you retrieve them. If you do not retrieve your records within 30 days of the records available notification email, your records will be deleted from the eDelivery website.

