Mark A. Lang, MD LLC
9417 Broadview Road
Broadview Heights, Ohio 44147
Phone: (440) 545-2272
Fax: (440) 545-5645

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name:_____ Date of Birth:_____

Previous Name:_____ Social Security #_____

I request and authorize to release healthcare information of the patient named above from / to:

Name (physician, facility, etc):_____

Address:_____

City:_____State:_____ Zip Code:_____

Office phone #_____ Fax#_____

Please Release:

Healthcare information relating to the following treatment, condition, or dates:_____
Specific test(s) only: _____
Specific date(s) only: _____

Lab results: All_____ Date range: _____

Vaccination records: All_____ Specific: _____

I hereby authorize the above and its clinical/professional staff to release all medical information contained in my or my dependent's medical records. I understand and acknowledge that this authorization extends to all or any part of the records designated above, which include treatment for HIV/ACR/AIDS, mental illness and/or alcohol/drug abuse. I expressly consent to the release of information as designated above:

The consent is subject to revocation by the patient, or without revocation, will expire in ninety (90) days from date signed.

Patient's Name (Printed): _____

Patient's Signature: _____

Signature of Guardian, if applicable: _____

Date Signed: _____

Please release my records and send information to:

Mark A. Lang, MD
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Note: THIS FORM MUST BE COMPLETED IN FULL. BLANKS WILL INVALIDATE THIS FORM.

"This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (41CFR Part 2) prohibit you from making any further disclosure of them without the specific written consent of the person to who it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose." (Note: All matters relating to alcohol and drug abuse patient records are considered privileged and confidential and are treated as such by employees of this program. Information regarding such matters cannot be given without the consent of the patient. Section 2.31 or P.:. 95-282, 42 CFR, part 2 requires the above information).