

# GFP

## GENEVA FAMILY PRACTICE

302 Randall Road \* Suite 202 \* Geneva, IL 60134 \* (630) 232-1818 \* Fax (630) 232-1868  
[www.genevafamilypractice.com](http://www.genevafamilypractice.com) \* GFP@GFP1.com

### **AUTHORIZATION TO RELEASE MEDICAL RECORDS (INBOUND)**

Our Notice of Privacy Practices provides information about our use of a patient's protected health information. The Notice contains a patient rights section describing your rights under the law. Patients have the right to access, inspect, and copy protected health care information used to make decisions about them. Geneva Family Practice will only include information used to make decisions about the patient. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**This authorization is valid for 1 year unless revoked in writing.**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize: Facility/Physician \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

To release my records to:

GENEVA FAMILY PRACTICE  
302 RANDALL ROAD, STE 202  
GENEVA, IL 60134  
TEL (630) 232-1818 FAX (630) 232-1868

The following information:

- Complete record(s)
- Lab results
- X-ray results
- Immunization records
- Services from \_\_\_\_\_ through \_\_\_\_\_
- Other \_\_\_\_\_

I understand that my complete health records may include the following, **unless the boxes below are marked, your entire medical record will be released including:**

- Treatment of STDs (sexually transmitted diseases) and/or HIV testing results
- Drug or alcohol abuse
- Psychiatric problems

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date