

Manchester Urology Associates, PA
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Manchester, NH 03103
(603) 669-9200

Release of Medical Records from Manchester Urology Associates to another party.

This authorization, if signed will authorize Manchester Urology Associates, PA (MUA) to use and disclosure certain protected health information that is in our possession about the person named below. This authorization is voluntary; I hereby authorize Manchester Urology Associates, PA to disclose protected health information (Medical Records) relating to:

Patient Name: _____

Patient Date of Birth: _____

Please send and release the following information:

_____ Entire Medical Record

Or

_____ Records pertaining to the following dates of service:

From: _____ to: _____

Or

Only Specified Documents: (Please indicate below.)

I understand that the released information may pertain information relating to:

- Acquired immunodeficiency syndrome (AIDS)
- Treatment for drug or alcohol abuse
- Sexually transmitted diseases

Please send my records to the following parties:

Name: _____

Address: _____

City, State, and Zip Code: _____

Fax Number: _____

I understand as a patient, I have the right to revoke this authorization at any time by notifying the MUA Privacy Officer. This authorization is valid for one year from the date it has been signed.

Signature of Patient or patient representative:

Signature

Date

Please Print the Name of the Patient Representative (Guardianship, or Healthcare POA must be attached.)