930 Majestic Avenue, Suite 220, Norfolk, Virginia 23504 phone (757) 942-8020 fax (757) 942-8015
Web site: www.primarycarespecialists.co/

Family Practice Providers
James E. Newby, II, M.D., CDE
Olivia M. J. Newby, DNP, FNP-BC, CDE

REQUEST FOR RELEASE OF MEDICAL RECORDS

I hereby authorize the release of my medical records (to/from) Primary Care Specialists, Inc. (to/from):

Medical office name: ______________________________

Medical office contact/provider: ______________________________

Medical office phone number: ______________________________

Medical office fax number: ______________________________

Medical office address: ______________________________

The medical records to be released may contain medical information pertaining to psychiatric, drug and/or alcohol, HIV/AIDS diagnosis and treatment. I understand that I may refuse to sign will revoke at any time this authorization for any reason. I understand this authorization expires or I provide a written notice of revocation to the practice privacy officer at the above listed address.

Upon disclosure of my health information from Primary Care Specialists, Inc. to the patient, Primary Care Specialists, Inc. cannot guarantee the re-disclosed information to a third party. Any third-party not be subject to this authorization or applicable federal and state law governing the use and disclosure of my health information.

Authorization will remain in effect for 60 days unless otherwise indicated:

[ ] From the date of this authorization until ______________________________
[ ] Until the following occurs ______________________________
[ ] Other______________________________

Patient's Name ______________________________

Patient's Signature ______________________________

Date of Birth ______________________________

Social Security # ______________________________

Today's Date ______________________________