



General Medical Records Release And Authorization For Use Or Disclosure Of Protected Health Information

I, the undersigned, authorize _____ to release my health information as noted below.

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **Email:** _____

I authorize the disclosure/release of the following information:

_____ Office Notes _____ X-Ray/radiology records _____ Lab/Path records _____ Op Notes

_____ Other (describe) Specify date range: _____

Please send the above records listed above to (circle one):

NVA- VB Office
5589 Greenwich Road, Ste 100
Virginia Beach, VA 23462
Phone# 757-437-2882
Fax# 1-833-448-3261

NVA- Warrenton Office
550 Broadview Avenue, Ste 102
Warrenton, VA 20186
Phone# 540- 680-3433
Fax# 1-833-673-0375

NVA- Manassas Office
9161 Liberia Avenue, Ste 400
Manassas, VA 20110
Phone# 540-680-3433
Fax#1-833-673-0375

The information may be used/disclosed for each of the following purposes:

At my request (patient) _____ For continuity of care _____ Other _____

I understand that after the custodian of records discloses my health information, it may no longer be protected by federal privacy laws. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment; receive payment; or eligibility for benefits unless allowed by law.

By signing below I represent and warrant that I have authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending or in effect that would prohibit, limit, or otherwise restrict my ability to authorize the use or disclosure of this protected health information.

Signature of patient or legal guardian _____

Printed name of patient or guardian _____

You have the right to revoke this authorization, except to the extent the custodian of records has relied on it, by sending a written request to one of the National Vascular Associates addresses listed above.