
**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

I authorize Michele Piccone MD, LLC to furnish my primary care physician, referring physician, or other treating medical professional any and all information that may be requested regarding my physical or mental condition and treatment rendered there for and, if necessary, to allow them or any physician appointed by them to examine any imaging studies taken of me or records regarding my physical and mental condition or treatment. In addition, I also authorize the release of psychiatric/psychotherapy, mental health records and drug and/or alcohol treatment records under the same terms and conditions. This authorization shall remain in force until revoked in writing by the undersigned.

Signature: _____ Date: _____

**CONFIDENTIALITY**

In addition to release of information as authorized in the AUTHORIZATION TO RELEASE MEDICAL RECORDS and in the interest of confidentiality and compliance with HIPAA (Health Insurance Portability and Accountability Act) your careful consideration and acknowledgement as to whom we may release information to on your behalf if required. This would pertain specifically to personal relations, i.e. family, friends, ect.

Name:_____ Relationship: _____ Phone:_____
Name:_____ Relationship: _____ Phone:_____
Name:_____ Relationship: _____ Phone:_____

Signature: _____

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE** (Privacy Notice Attached)

I have been presented with Michele Piccone MD, LLC's Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the comments of the Notice, and I request the following restriction (if any), concerning the use of my personal information.

_____
_____
_____

Signature: _____ Date: _____

If not signed by patient, please indicate relationship to patient:
Relationship:_____ Witnessed by: _____


**INTERNAL USE ONLY**

If patient's representation refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented and sign below.

Presented on: _____ Time: _____

Name: _____ Signature: _____