

HARRISONBURG FAMILY PRACTICE  
1831 RESERVOIR STREET  
HARRISONBURG, VA 22801  
PHONE: 540-433-9151 FAX: 540-433-0547  
EMAIL: harrisonburgfamilypractice@gmail.com

**PATIENT AUTHORIZATION FOR THE PRACTICE TO RELEASE OR DISCLOSE  
PROTECTED HEALTH INFORMATION (PHI)**

BY SIGNING THIS AUTHORIZATION, I AUTHORIZE HARRISONBURG FAMILY PRACTICE TO  
USE AND OR DISCLOSE CERTAIN PERSONAL HEALTH INFORMATION ABOUT ME TO OR FROM  
PARTIES LISTED BELOW:

**\*\*INFORMATION BEING RELEASED FROM:\*\***

NAME/AGENCY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**\*\*INFORMATION BEING RELEASED TO:\*\***

NAME/AGENCY: HARRISONBURG FAMILY PRACTICE  
ADDRESS: 1831 RESERVOIR STREET HARRISONBURG, VA 22801  
PHONE: 540-433-9151 FAX: 540-433-1134

**\*\*THIS AUTHORIZATION PERMITS HARRISONBURG FAMILY PRACTICE TO USE OR  
DISCLOSE THE FOLLOWING INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION:**

**PLEASE MARK ALL THAT APPLY:**

\_\_\_\_\_ COMPLETE CHART \_\_\_\_\_ IMMUNIZATIONS  
\_\_\_\_\_ LABWORK \_\_\_\_\_ RADIOLOGY  
\_\_\_\_\_ PROCEDURE(S) \_\_\_\_\_ PROGRESS NOTES  
\_\_\_\_\_ OTHER

**\*\*MARK FOR THE PURPOSE OF SENDING/RECEIVING RECORDS:**

\_\_\_\_\_ TRANSFER OF CARE \_\_\_\_\_ COMMUNICATION \_\_\_\_\_ LEGAL PRESENTATION  
\_\_\_\_\_ OTHER

WHEN MY INFORMATION IS USED OR DISCLOSED PURSUANT TO THIS AUTHORIZATION, IT  
MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT AND MAY NO LONGER BE  
PROTECTED BY THE FEDERAL HIPPA PRIVACY RULE. I HAVE THE RIGHT TO REVOKE THIS  
AUTHORIZATION IN WRITING EXCEPT TO THE EVENT THAT HARRISONBURG FAMILY  
PRACTICE HAS ALREADY ACTED IN RELIANCE UPON THIS AUTHORIZATION. I UNDERSTAND  
THAT THIS AUTHORIZATION WIL EXPIRE ONE YEAR FROM TODAY'S DATE. ANY WRITTEN  
REVOCAATION MUST BE SUBMITTED TO HARRISONBURG FAMILY PRACTICE AT  
INFORMATION LISTED ABOVE:

**\*\*PATIENTS NAME PRINTED**

**\*\*DATE OF BIRTH**

**\*\*PHONE NUMBER**

**\*\*SIGNATURE OF PATIENT, (PARENT/GUARDIAN/POA)**

**\*\* TODAYS DATE**

**Va. Code Section 8.01-413)** A reasonable charge may be made for the service of maintaining, retrieving, reviewing and preparing such copies. Such charges shall not exceed: fifty cents per page for up to fifty pages twenty-five cents a page thereafter for copies from paper or other hard copy generated from computerized, or other storage process  
**VA Code § 32.1-127.1:03. Health Records** If an individual or his agent/attorney requests a copy of his own medical records, the health care entity may impose a reasonable cost-based fee, which shall include the cost of supplies for and labor of copying the requested information, as well as postage where applicable. Once your health care provider receives the request, he or she has 15 days to do one of the following: Provide copies of the records; inform you if the information does not exist or cannot be found; inform you who now maintain the records; or Deny the records for specific reasons set out under the Virginia law.

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