Ohio Reproductive Medicine

OFFICE USE ONLY
Fax FROM: _____
PAGES (including cover): _____

535 Reach Blvd., Suite 200, Columbus, OH 43215 | Phone: (614) 451-2280 | Fax: (614) 451-4352

Authorization for Release of Medical Information
Please Allow 5 to 7 business days

Date of Request: _____ Patient #: _____

Patient Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

ORM Physician: _____

I hereby authorize Ohio Reproductive Medicine to release the following from my medical records:

☐ If you would like to pick up your medical records in our office.

☐ Only the following tests or records: _____

☐ Complete Medical Records - which may include mental and psychiatric health; drug or alcohol abuse; human immunodeficiency virus (HIV); Acquired Immunodeficiency Virus (AIDS); and AIDS related complex (ARC); Genetics testing and genetics counseling.

** I understand I am not required to release genetic testing or counseling results. **

Release the above information to:

Full Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Purpose of the release: _____ Fax Number: _____
(*REQUIRED IF FAXING*)

This authorization is valid for 90 days from the date of signature. It may be revoked in writing by the undersigned at any time prior to the release of the information from the disclosing party. The requester may not lawfully further use or disclose the health information unless another authorization is obtained, unless disclosure is specifically required or permitted by law. The patient may inspect or copy the protected health information used or disclosed pursuant to authorization and may refuse to sign this authorization. The patient shall receive a copy of this authorization upon request.

Patient's Signature _____ **Date** _____

Partner's Signature _____ **Date** _____
(*Required for spouse's blood work and semen analysis*)

FAX to: 614-451-4352
--OR--
SCAN and email to: *medrecords@ohioreproductivemedicine.com*
PHOTOS of this form will NOT be accepted

Elizabeth A. Kennard, M.D.
Laura Londra, M.D.
Brooke Rossi, M.D.
Grant Schmidt, M.D., Ph.D.