



Blue Ridge Psychological Center

7520 Gardner Park Drive, Gainesville, VA 20155

Tel. 571-248-2358 * Fax. 571-248-2359

MEDICAL RECORDS RELEASE AUTHORIZATION

By signing this form, I authorize Blue Ridge Psychological Center to release confidential health information, bu releasing a copy of my medical records to the physician//person/facility/entity listed below.

Patient Name:

Date of Birth:

The information you may release subject to this signed release is as follows:

Complete medical record

Financial statement of office visits

Release my protected health information to the following physician/person/facility/entity and/or those directly associated with my medical care:

Name: _____

Address: _____

City, State, Zip Code: _____

The purpose/reason for this release of information is as follows:

Printed name of Patient or Legal Representative

Signature of Patient or Legal Representative

Date