Obstetrics & Gynecology Associates, INC.
Medical Records Release

3050 Mack Rd. Ste 375
Fairfield, OH 45014
Phone #: (513)221-3800 Fax #: (513)682-4520
Email: med_rec@cincyobgyn.com

Today's Date: _____

Patient's Name: _____ Date of Birth: _____

Patient's Address: _____ City: _____ State: _____ ZIP: _____

I hereby authorize Obstetrics & Gynecology Associates, INC. to:

Obtain my Medical Records from:

_____
(Physician Name or Health Care Facility)

_____
(Street Address)

_____
(City, State, Zip Code)

_____
(Phone #) (Fax#)

Release my Medical Records To:

_____
(Physician Name or Health Care Facility)

_____
(Street Address)

_____
(City, State, Zip Code)

_____
(Phone#) (Fax#)

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

- ☐ Complete Records
  - Leaving Practice No
- ☐ Pathology Reports
- ☐ Hospital Records
  - From where? _____
- ☐ Lab Reports
- ☐ Progress Notes
- ☐ OP Notes
- ☐ Radiology Reports
  - Mammo Reports
  - Dexa Reports
  - USD Reports
- ☐ Other
  - Please Specify _____ _____ _____ _____

I understand that my records may contain information regarding the diagnosis or treatment of HIV, AIDS virus, other sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. I give my authorization for these records to be released or obtained.

- ☑ HIV/AIDS
- ☑ Sexually Transmitted Diseases
- ☑ Mental Illness or Mental Health Treatment
- ☑ Drug and Alcohol Treatment

Patient's Name (Print) _____ Date: _____

Patient's Signature: _____

Please note: There is a retrieval fee of $19.58 for any records having to be obtained from our off-site storage facility. Payment of this retrieval fee will be due prior to the retrieval of your records. There will also be a charge for a subsequent copy of medical records. We suggest you make a copy of your records prior to releasing them to another physician.

Please allow 3 business days for electronic transmission and up to 14-21 business days to receive your paper chart records.