afc URGENT CARE

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AUTHORIZATION TO RELEASE MEDICAL RECORDS

THIS MEDICAL RECORDS RELEASE (the "Release") is made on _____
(Date)

TO: AFC Urgent Care, 128 Columbia Turnpike, Suite 101, Florham Park, NJ 07932
(the "Provider"), and all its employees, contractors and associated individuals thereof.

REGARDING: _____ (the "Patient"), born on _____
(Patient Name) (Patient DOB)

☐ I am the Patient identified above, above 18 years of age, and do hereby request the following information to be released:

☐ I, _____ (the "Legal Guardian") am above 18 years of age, and the legal guardian of the Patient identified above, and do hereby request the following information to be released:

All medical and health information in your possession related to the Patient above, including but not limited to, Charts, Notes, Reports, Records, Lab and Other Test Results and Analyses, Medication Lists, Prescriptions, Billing and Accounting Information, and any other related information, all collectively referred to as "Medical Records".

☐ I ask that the Patient's Medical Record be released to me, delivered
☐ By secure email: _____ ☐ By fax: _____
☐ By mail: _____

☐ I ask that the Patient's Medical Record be released to the following recipient:
Organization/Individual Name: _____, delivered
☐ By secure email: _____ ☐ By fax: _____
☐ By mail: _____

This Release will be valid until such time that you receive written notice from me revoking this Release, or until two years from the date this Release was made. This Release does not affect any ongoing or future care of the Patient. Attached to this Release is a copy of a valid government-issued photo ID of the PATIENT or LEGAL GUARDIAN as the case may be.

SIGNED at _____
in the presence of: (Address)

_____	_____
WITNESS	PATIENT / LEGAL GUARDIAN
Name: _____	
Address: _____	Address: _____
_____	_____
Tel #: _____	Tel #: _____
Email: _____	Email: _____

Email signed form along with a copy of photo ID to INBOX@AFCFP.com, or fax to (973) 377-9329