Rebecca Jaffe, M.D.
Julie Prosseda, M.D.
Bipasha Mitra, M.D.
Family Practice
3105 Limestone Road, Suite 300
Wilmington, DE 19808
(302) 992-0200

Authorization to Transfer Medical Records

I authorize Rebecca Jaffe, M.D.
Julie Prosseda, M.D.
Bipasha Mitra, M.D.

To release: _____ Complete Medical Records (last 8 yrs) on CD Disc= $25 per patient

_____ Summary of Care- Free-No Charge (printed)

_____ Complete Medical Records PRINTED (prepayment required-charge per page)

***You will be contacted when records are ready for pick up at the office.**

Patient Name ______________________________________ DOB: _________________

Physician/Practice Name
Of New Provider of Care) ____________________________________

____

____

I give special permission to release any information regarding:
(Initial on line(s) below that you grant permission to release the information to Rebecca Jaffe & Associates PA

___All Medical Info including Psych/Mental Health/Substance abuse/HIV info
___Just Medical Information ___ Substance Abuse ___ HIV Info ___ Psychiatric/Mental Health Information

Signature of patient or legal Guardian: __________________________ Date: _________

Printed name of signer: ____

Contact information for pick up or payment info (phone/email): ________________________________

Payment for records $_________________ Date ______________ Initials___________