



**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**  
**VIRGINIA BRAIN AND SPINE CENTER**  
**1818 AMHERST ST**  
**WINCHESTER, VA 22601**  
**MEDICAL RECORDS FAX (540) 450-0074**

***Patient information***

Last Name, First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ SSN \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone 1 \_\_\_\_\_  
Phone 2 \_\_\_\_\_

***I authorize*** ☐ Virginia Brain and Spine Center ☐ \_\_\_\_\_ to release medical records to:

Name of Facility/Person \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

***Information to be Disclosed***

☐ All Records ☐ Operative Reports ☐ History & Physical  
☐ Radiology Reports ☐ Office Notes ☐ Other/Date Range \_\_\_\_\_

***Purpose of Disclosure***

☐ Continuing Care ☐ Personal ☐ Change of Doctor ☐ Other \_\_\_\_\_  
☐ Legal Investigation ☐ Disability Determination ☐ Workers Comp

I hereby authorize disclosure of the health information for the above named patient. This information may include psychiatric, substance abuse, and HIV/AIDS information. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I may receive a copy of this authorization for my records. Unless otherwise specified, this authorization expires 2 years from the date signed.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Patient

**NOTE: Virginia Law permits a charge for personal copy / transfer of your records. Healthport has been contracted to provide this service and will invoice you directly. Virginia Rates are \$0.90 reproduction fee, \$0.07 per page, plus actual postage & handling for paper copies. There is a flat rate of \$6.50 for e-delivery (you must provide a LEGIBLE email address). PRE-PAYMENT IS REQUIRED PRIOR TO RELEASE OF RECORDS.**