

HITECH RECORDS REQUEST

Dear Records Custodian;

I, _____ am a patient of _____,
my date of birth is _____

I request copies of any and all of my medical records. Please provide the records in electronic format in the Adobe Acrobat.pdf format.

Please send the electronic records to my legal representative, Gregg Hobbie.

Law Office of Gregg M Hobbie
12 Christopher Way Su 200
732-766-5682 / 732-544-8422 (fax)
hobbielaw@gmail.com

This authorization specifically INCLUDES the release of health information related to psychiatric or mental health treatment, treatment of drug and/or alcohol abuse; treatment of Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); and sexually transmitted diseases/viruses, IF the Patient has initialed here:

I FURTHER AUTHORIZE YOU AND YOUR VENDOR, IF APPLICABLE, TO COMMUNICATE DIRECTLY WITH GREGG HOBBIE AND ANYONE FROM THE LAW OFFICE OF GREGG HOBBIE REGARDING ALL ISSUES RELATED TO THIS REQUEST INCLUDING AUTHORIZATION OF THE COST- BASED CHARGES AND THE TIME FRAME FOR PROVIDING THE RECORDS TO HER OFFICE.

PATIENT SIGNATURE

DATE