

Annandale Family Medicine  
7617 Little River Turnpike, Suite 710  
Annandale, VA 22003  
703-941-0267 (P) \* 703-941-2018 (Fax)

**Authorization for Release of Medical Information**  
(Each patient must have a separate release form)

Please print clearly Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*I hereby Request and Authorize Annandale Family Medicine to release my medical records of myself (or my dependents) diagnosis, treatment, prognosis and recommendations, as well as other data pertinent to your treatment of me to the following location:*

Myself:

OR:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Or Fax to: \_\_\_\_\_

**Is this a permanent transfer of records?** \_\_\_\_\_

Scan all records: \_\_\_\_\_ or scan from (date): \_\_\_\_\_ To: \_\_\_\_\_

Signature (Required): \_\_\_\_\_ Date (Required): \_\_\_\_\_

*(Please be advised that the following records may be released within your records: Results containing HIV reports, substance abuse, sexually transmitted diseases and mental health records. By signing the above you are giving permission for any and all of the above to be released.)*

Please note there is a fee for copying medical records. All fees are based on Virginia state rates, Virginia Code Ann. 8.01-413 with a Base Fee of \$10.00 plus .50 for each page for the first 50 pages, and .25 for each page after 50. **Payment must be made before Medical Records are sent.** Payment can be made by cash, check or credit card.