Authorization for Release of Travel Medical Records

I hereby authorize and request Ronald J. Bloomfield, MD to send me my travel medical records.

Name: _____ Date of Birth: _____

I understand that this Release may include, but is not limited to, information concerning travel immunizations, prescriptions and office visits for purposes of international travel.

Please send my records to (please only fill out one)

E-mail: _____

Fax: _____

Mailing address:

_____

This authorization is valid until expiration on _____, 20 ____ or a maximum of sixty (60) days from the dated signature below or sooner at my election. I hereby authorize the deliver of this information in person, by regular U.S. mail, via a private delivery service, or via facsimile or other electronic transmission. I understand that information delivered via these methods may be viewed by someone other than the intended recipient. I hereby release Ronald J. Bloomfield, MD from liability as a result of such transmission. I further release Ronald J. Bloomfield, MD from liability that may result from a recipient's use or dissemination of this information. I understand that a photocopy or facsimile of this Authorization shall serve the same purposes(s) and shall be as binding as the original Authorization. My signature below indicates that I have read, understand, and agree with the contents for this document.

_____ _____

Patient (or legal Representative) Signature Relationship to Patient

_____ _____

Witness Signature Date

Prohibition on Redisclosure: This information has disclosed from confidential records protected by state law and federal confidentiality rules (42 C.F.R. Part 2). Such laws and rules prohibit any recipient of this information from making any further disclosure without the express written and informed consent of the individual to whom it pertains or as otherwise provided for in 42 C.F.R. Part 2 or relevant state law. A general authorization for release of medical or other records, if held by another party, is not sufficient for the purpose of release of records related to HIV/AIDS, mental health, or alcohol/drug abuse. The federal rules restrict any use of this information to criminally investigate or prosecute a patient for alcohol or drug abuse.