Medical Record Request / Consent to Release Form

Recovery Centers of America asks that you complete this form to obtain copies of medical records. There is no charge for a letter confirming treatment completion/dates of treatment or to send records directly to a health care provider for coordination of care. For questions, please contact (484) 803-9669; Fax (484) 588 4248 or email recoverycoa.com

Patient's Name:	Date of birth:
Date(s) of service:	Location (s):
Consent to Release of Medical Records:	
,	, hereby authorize/give consent to Recovery Centers of America at
to release and disclo	ose the following medical records:
☐ Admission Assessment	☐ Medications at Discharge*
☐ Presence in Treatment	☐ Continuing Care Plans*
☐ Progress in Treatment	☐ Discharge Summary*
☐ Psychosocial History*	☐ Complete medical record*
□ Psychiatric Evaluation*	☐ Inpatient records
☐ Physician's H&P*	□ Outpatient
☐ Diagnosis/Prognosis*	□ MAT
☐ Lab and Ancillary Tests*	☐ Completion Letter
☐ Medications Administered During Treatm	ment* Other
 □ Substance Abuse Treatment □ Continuing Care Plans Fo the following person(s) where records will	□ Other be sent (please include fax number or email):
Recipient's Name:	Phone No:
Street:	City: Zip:
	90) days or on/, whichever is later. I understand that I have the lly or in writing except as to information already released in reliance upon this
potentially be redisclosed. Such disclosure mus	sed pursuant to this Authorization/Consent may no longer be protected and could st be consistent with other State and Federal Laws including 42 CFR Part 2which or disclosures without my specific written consent.
Signature of Patient or Authorized Representat	tive Date

Internal Use only

RCA may ask for identification or other confirmation of your identity before providing medical records. RCA will respond to patients' medical record requests within 30 days of receiving this form (21 days in Maryland). If RCA is unable to process the request in that time, it may extend the time for responding an additional 30 days by notifying you in writing.

