

Dear Patient:

Providing information to others regarding your health status is often an important part of your health care needs. In order for us to share any of your health information with your spouse, partner, family, friends, caregivers, or others, we need your signed consent. Completing this record release form will allow us to provide your medical information to the people you have named on the form.

You may choose one of the following options found at the top of the communications release form:

- Appointments Only
- Written & Verbal (Release for parts of your record that you choose)
- Electronic Records (Release for your entire record)

If you choose Electronic Records, ALL boxes regarding sensitive information MUST be initialed. These boxes are found in Section (1) near the top of the form (“Mental Health,” etc.). In addition, to release your HIV testing/treatment information, you MUST provide your full signature and date on the lines provided also in Section (1). This is also required if you choose electronic records.

Please note that if you do **not** want your medical information shared with anyone, you do **not** need to complete this form.

You may want to complete a release form even if you have already given us a copy of your Advance Directive or Health Care Proxy. Advance Directives or Health Care Proxies only allow us to share your information when it has been determined that you cannot make health care decisions for yourself.

You may take this form with you to review, complete, and return to us at a future time.

If you have any questions about this form, please contact us at (413) 458-8182, press Option 2, or you may remain on the line and ask to speak with someone in our Medical Records Department. Thank you.