



Ocean State Rheumatology LLC

Authorization to Request Medical Records

Patient's Name and Date of Birth

Patient's Signature and Date

Information Requested

Reason for Request

I request that complete records or specific information as listed above be released to:

Ocean State Rheumatology LLC
1030 President Avenue, Suite 305A Fall
River, MA, 02720
Phone: 508-235-6744
Fax: 1-888-815-1696

Ocean State Rheumatology LLC
333 School Street, Suite 306
Pawtucket, RI, 02860
Phone: 401-205-1100
Fax: 1-888-815-1696

Physician or Practice Name

Address

Phone Number and Fax Number

By signing this form, I authorize you to request confidential health information about me or my child. I understand that I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to the facility receiving the revocation.

If the request or receiver is not a health care plan or healthcare provider, the released information may no longer be protected by federal privacy regulations or may be redisclosed.

I have read and authorize the disclosure of the protected health information as stated. I may receive a copy of this form after I have signed it.

Address: 1030 President Avenue, Suite 305A
Fall River, MA, 02720 A
Tel:508-235-6744,Fax: 1.888.815.6196
Email: contact@osrheum.com

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Pawtucket, RI, 02860
Tel:401.205.1100, Fax: 1.888.815.6196
Email: contact@osrheum.com