Young Gynecology
JES YOUNG, MD, MSCP

2054 30th Ave, Fairbanks, AK 99701
Phone **907-600-2765** · Fax **504-474-4707**
younggyn.com

Authorization to Release Medical Records

Use this form to ask your current or past doctor's office to send your records to Young Gynecology.

How to use this form: 1. Fill in the form and sign section 8. 2. Give, mail or fax it to the medical records department at the office that has your records. 3. They fax your records to us at **504-474-4707**. Questions? Call us at **907-600-2765**.

1. PATIENT

Full name _____ Date of birth _____

Other names used (e.g., maiden name) _____ Phone _____

Address _____

2. RELEASE RECORDS FROM

Clinic, hospital or doctor _____ Phone _____

Address _____ Fax _____

3. SEND RECORDS TO

Young Gynecology L.L.C., attention Jes Young, MD, MSCP · 2054 30th Ave, Fairbanks, AK 99701
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4. RECORDS TO SEND

- ☐ Office visit notes
- ☐ Problem list, medications and allergies
- ☐ Lab results
- ☐ Immunization record
- ☐ My entire medical record
- ☐ Pap, HPV, colposcopy and biopsy results
- ☐ Mammogram, bone density and other imaging reports
- ☐ Surgery and procedure reports, pathology
- ☐ Hospital discharge summaries
- ☐ Other: _____

Dates of service: from _____ to _____ or ☐ The last 3 years

5. SENSITIVE INFORMATION (write your initials to include it)

- _____ HIV/AIDS testing or treatment
- _____ Sexually transmitted infection testing or treatment
- _____ Substance use disorder treatment records*
- _____ Mental health records (not psychotherapy notes)
- _____ Genetic testing

*Records from a federally assisted substance use disorder program (42 CFR Part 2). Psychotherapy notes need a separate authorization and are not included.

6. PURPOSE AND END DATE

☐ Continuing my care with my new physician Other: _____

This authorization ends one year from the date I sign it, unless I write an earlier date or event here: _____

7. YOUR RIGHTS

1. You may cancel this authorization at any time by writing to the office named in section 2. Canceling does not undo anything they already released.
2. Your treatment, payment, enrollment or eligibility for benefits cannot depend on whether you sign this form.
3. Once released, information may no longer be protected by federal privacy law. Young Gynecology will keep your records private as required by law.
4. You may refuse to sign this form, and you have the right to a copy of it. A copy, fax or scan of this signed form is as valid as the original.

8. SIGNATURE

Patient signature _____ Date _____

If signed by a personal representative (e.g., parent, guardian or health care power of attorney):

Representative's signature and printed name _____ Relationship / authority _____