ALLERGY CONSULTANTS
Adult and Pediatric Allergy

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RECORDS RELEASE AUTHORIZATION

I hereby authorize and request that:

_____

_____

_____

Release my records to:

**Allergy Consultants
456 N. New Ballas Road
Suite 129
St. Louis, MO 63141
FAX: 314-569-3277**

Fax _____ Mail_____

I specifically authorize you to send the following protected health information and/or medical records, if such information and/or records exist:

____ Please send the entire medical record (all information) to Allergy Consultants.

_____ Office chart; notes   _____ Allergen Extract formula

_____ Laboratory reports   _____ Skin test results

_____ CT/Xray reports   _____ Other: _____

1. I understand that if the person(s) or entity(ies) that receives the information is not a healthcare provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations. Therefore I release Allergy Consultants, its employees, and my physicians from all liability arising from this further disclosure of my health information.
2. I understand that the person I am authorizing to use and/or disclose the information may receive compensation for doing so.
3. I understand that I may inspect or request copies of any information disclosed by this Authorization. It is my understanding that this Authorization will expire in 90 days from the date signed below. I understand that I may revoke this Authorization by notifying, in writing, Allergy Consultant's Privacy Officer, knowing that previously disclosed information would not be subject to my revocation request.
4. I understand that I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, or my eligibility for benefits.

_____   _____
Patient Name (please print)   **Date of Birth**

_____   _____
Signature; Patient or Legal Representative   **Date**

_____   _____
Signature of Witness   **Date**

Diplomates -- The American Board of Allergy and Immunology (A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics)