

Complete if record is released to patient or authorized representative of the patient

For BIDMC Use Only

Date: ____ / ____ / ____

Information Released By: _____ Contact Number: _____

Clinic / Office: _____ Number of Pages: _____

Patient / Authorized Representative Identification Verified:

License State ID Passport Other Photo ID: _____

Guardian, Executor of the Estate, Healthcare Proxy or Power of Attorney for the patient:

N/A Copy of legal document (authority to act on behalf of the patient) received