Release of Medical Information

for patients of

River Mill Osteopathic

157 Silver St.
Waterville, ME 04901
Phone/Text 207.705.0700 Fax 207.466.8454
rivermillosteopathic@gmail.com

Patient Name_____ DOB_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Please judiciously select only records from the listed facility that are relevant to your ongoing care.

Facility to provide records _____

Please include the following Protected Health Information in the requested disclosure and release:

___ Lab Reports	___ Radiology Reports	___ Consult Notes
___ Pathology Reports	___ Stress Testing	___ Speech Therapy
___ Operative Reports	___ Cardiac Monitoring	___ Physical Therapy
___ Endoscopy	___ EKG ___ Echo	___ Occupational Therapy
___ Sleep Study	___ EEG ___ EMG	___ Vaccination Records
___ Pulmonary Function	___ Emergency Room Visits	___ Growth Charts
___ Swallow Evaluation	___ Hospital History & Physical	___ Urgent Care Notes
___ Cognitive Testing	___ Hospital Progress Notes	___ Clinic Notes
___ Neuropsych Evaluation	___ Discharge Summary	___ Counseling Notes

Other _____

Exclusions _____

The following categories of information carry special protections and are to be released only if checked

___ Substance Use Disorder ___ HIV / STI ___ Reproductive Care ___Genetic Testing

I do hereby consent and authorize the release of copies of my medical records as above to River Mill Osteopathic:

Signature_____

Printed Name_____ Date_____