

**BROADWAY OB/GYN
695 EDDY STREET
PROVIDENCE, RI 02903**

Ph: (401) 272-1550
Fax: (401) 421-8792

Medical Record Release Fee: \$15.00 Retrieval fee, plus \$.25 cents per page for the first 100 pages.
\$.10 cents per page after 100. A special handling charge of \$10.00 will be added if records are required
within 48 hours. Once payment is received, your request will be processed. **Please allow 3 - 4 weeks.**

PLEASE PRINT

STEP 1 Information about you:

PATIENT NAME: _____ D.O.B _____

ADDRESS: _____

CONTACT PHONE: _____

PLEASE PRINT

STEP 2 Who has the records now?

I hereby authorize: _____ MD

Physicians Address _____

PLEASE PRINT

STEP 3 To whom do you wish to receive your records?

Physician Name: _____
Address: _____

What is Being Released? (Please check one box)

All Records

Records from: _____ to _____

Specific Record described as follows: _____

Purpose for Release of Information:

Transfer - reason: _____

PCP or Other Medical Provider: _____

STEP 4 YOUR SIGNATURE

Patient Signature Date

STEP 5 RELEASE OF HIV INFORMATION

If you are also requesting the release of your HIV (AIDS) testing / treatment records, you
MUST SIGN BELOW:

Signature _____ Date: _____

