AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

This release grants First Dayton Cancer Care permission to release my medical records. I understand that this information has been disclosed from records whose confidentiality is protected by Federal Law (42 CFR part 2). I understand that the information released contains Personal Health Information that has been a result of my care at First Dayton Cancer Care. Information generated by outside facilities will not be included. Only records that relay information for continuity of care will be released.

COMPLETE FORM AND RETURN BY JUNE 1 TO FIRST DAYTON CANCER CARE

_____

Patient Name Date Of Birth Telephone #

_____

Patient Signature/Guardian Date Signed

INFORMATION IS TO BE RELEASED TO MYSELF DIRECTLY. SEND TO:

_____

Street Address City State Zip Code

_____

Private Secure Fax #

OR

INFORMATION IS TO BE RELEASED TO THE FOLLOWING PHYSICIAN:

_____

Physician Name Practice Name Physician Fax #

_____

Street Address City State Zip Code

RECORDS RELEASE MUST BE RETURNED TO FIRST DAYTON CANCER CARE BEFORE JUNE 1, 2019 AFTER JUNE 1, 2019 A $25 FEE WILL BE CHARGED (up to 20 pages). THIS FEE WILL NEED TO BE PAID PRIOR TO RELEASE. (ORC 3701.741)

After June 1 mail request and $25 to:
First Dayton Radiation Oncology PO Box 751161, Dayton, OH 45475