



POLARIS FAMILY MEDICINE

MEDICAL RECORDS TRANSFER REQUEST

Patient Information

Legal Name

DOB

Street Address

City

State

Zip

Phone

Release FROM

Person/Organization

Street Address

City

State

Zip

Phone

Fax

Release TO

Polaris Family Medicine PLLC
9 Summer Street, Unit 205
Franklin, MA 02038
Phone: 978-804-6226 | Fax: 978-226-4379

Information to Be Released: Entire Record
Dates of Service to Be Released: All
Purpose of Request: Continued Care

Understanding

I understand that the information released is confidential and must be used for the purpose that it was requested. I acknowledge once this information is disclosed, it is subject to re-disclosure and may no longer be protected by federal privacy regulations. I may revoke this authorization at any time in writing. I have read or have had this entire form read to me and understand the content. I hereby authorize the release of my Private Health Information stated above and excuse Polaris Family Medicine PLLC from any legal responsibility or liability relating to the release of my information.

Patient/Parent/Legal Representative Signature

Date