



**PRIORITY PSYCHIATRY**  
95 Vernon Street, Suite 302  
Worcester, MA 01610

**AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION**

**Patient Name**

**Date of Birth**

I HEREBY REQUEST AND AUTHORIZE **Momen El Nesr, M.D.** ( ) to release to ( ) to request from:

Name of Facility/ Professional:

Street

City

State

Zip Code

Telephone ( )

Fax ( )

**THE FOLLOWING INFORMATION:**

- ( ) Psychiatric Evaluation ( ) Progress Notes ( ) Discharge Summary ( ) Laboratory Reports  
( ) Radiology Reports ( ) Psychological Testing Report ( ) History and Physical Examination  
( ) Review and discuss my care and aftercare to coordinate treatment between providers.

I further agree to indemnify and hold harmless the party releasing the records from any liability that may arise from the release of the information herein request on the judgment of the party releasing the records, disclosure of the privileged/confidential information will be harmful to the patient, release of such information may be withheld in accordance with specific State and Federal regulations. Records released may contain alcohol and drug treatment information, AIDS/HIV, psychiatric/psychological/other mental health privileged or confidential information. Certain communications are privileged and not subject to release without your consent under State and/or Federal law.

After giving due consideration to the above statement, I authorize the party specified above to furnish information, including electronic, photo-static or faxed copies of my medical record, including matters privileged under the laws of the State of Massachusetts, and applicable Federal laws and regulations, to the above organization/individual, or its agents. I understand that this Authorization is subject to revocation, in writing at any time except to the extent that action has been taken in reliance thereof, and is only valid for a period of One (1) Year from the date of my signature, unless I specify another date or event here:

**Patient Name/ Legal Guardian:**

**Signature:**

**Date:**