NHFC
4 Columbus Circle, 4th Fl.
New York, NY 10019
T: 212.517.7676
F: 212.489.6294

MEDICAL RECORDS RELEASE AUTHORIZATION

This form can be used for you to send to your OB/GYN or previous doctor to request your medical records.
Please note: some physicians may require up to one month to process medical records requests.

Doctor/Hospital: _____

Address: _____

Fax: _____

I hereby authorize and request you release a copy of my medical records to: (Please select one.)

☐ Dr. John Zhang MD, MSc, PhD	☐ Dr. Mingxue Yang MD, MSc, PhD	☐ Dr. Zaher Merhi MD, FACOG	☐ Dr. Zitao Liu MD

New Hope Fertility Center
4 Columbus Circle, 4th Floor
New York, NY 10019
Telephone: 212-517-7676 **Fax**: 212-489-6294 **Email:** recordrequest@nhfc.com

The complete history records in your possession, concerning my illness and/or treatment during the period from _____ to _____. My appointment is on _____ (date).

Records to include:

- Any infertility treating or treatment
- Embryology reports (if patient has previously undergone IVF)
- Any records related to pregnancy or pregnancy loss
- Any gynecological radiology reports
- Any current (within one year) infectious disease results, for patient and/or partner
- Any genetic testing for patient and/or partner
- Any documentation of medical problems that may affect a pregnancy or an attempt to become pregnant

Patient First & Last Name: _____ Date: _____

Address: _____

Signature: _____

Specific Understandings: By signing this authorization form, you authorize the use or disclosure of your protected health information as described above. You understand that once the information is disclosed pursuant to the authorization, the information may be subject to re-disclosure by the recipient and may not be protected by federal privacy regulations (if the recipient is not required by law to protect the privacy of the information). You have a right to see and request a copy of the information described on this authorization form in accordance with hospital policies. You also have a right to receive a copy of this form after you have signed it.