

Brandywine Family Medicine
Valerie Elener MD
2500 Grubb Road Suite 212
Wilmington, DE 19810
302-475-5000 fax 302-475-5200

Patient Name _____ Date of Birth _____

I authorize my records to be RELEASED TO REQUESTED FROM (circle one)

Name and organization _____

Street Address _____

City, State, Zip Code _____

Phone _____ Fax _____

Send to the attention of _____

Purpose of records release _____

Do you want us to MAIL THE RECORDS FAX THE RECORDS YOU PICK UP (circle one)

Would you like a copy of your entire record including all visits, labs, imaging studies, consults, insurance correspondence, auto accident visits, behavioral health visits, including HIV results, cancer screenings done, financial information and genetic testing results sent? YES or NO (circle one)

Is there only specific information you would like sent? Like the last office note, summary page, last labs, specific consult report, specific imaging study or vaccination record

There is a fee associated for copying medical records. The medical records are property of Dr. Elener and we have 30 days to process a request for a copy of the entire record. We will make all efforts to process records requests as quickly as we can and will either mail them or fax them. We can only fax up to 25 pages of records. There is no charge for copying records when they are being sent for coordination of care to a specialist office but there is a fee when you are transferring to another primary care physician. There is a fee of \$25 for any records. We will mail you a disc of your medical records to you or your new physician. Dr. Elener will do a summary of your records with print outs of significant labs, studies, and consult notes for \$25 - \$100 depending on the amount of records you have.

Patient _____ Date _____

Legal representative/relationship _____ Date _____