DR. ROBERT PLAMBECK, M.D., P.C.
1001 South 70th Street, Suite 220 Lincoln, NE 68510
402-486-4800 • Fax: 402-486-1459

AUTHORIZATION OF RELEASE OF MEDICAL RECORDS

Patient Name: _____ Date of Birth: _____

Address:_____ Phone Number_____

I hereby request that my medical records be released:

o From Robert Plambeck, M.D., P.C.
1001 South 70th Street, Suite 220
o To Lincoln, NE 68510
Phone#: 402-486-4800
Fax#: 402-486-1459

o From Name:_____
Address:_____
o To _____
Phone#: _____
Fax#:_____

Reason for Request:

- o I am transferring care
- o I am seeking a specialist and my appointment is _____
- o I am seeking a second opinion and my appointment is _____
- o I am sending records to my Primary Care Physician
- o I am seeking health/life insurance
- o I am seeking disability benefits
- o Other _____

Records Requested:

- o All records from _____ to _____ (years)
- o All current pregnancy records
- o PAP: _____ (date)
- o Mammogram:_____(date)
- o Labs: _____(date)
- o Ultrasound: _____ (date)

This request and authorization applies to the release of all health care information contained in my medical chart.

I understand that my express consent is required to release any health care information related to testing, diagnosis, and/or treatment for HIV (AIDS Virus), sexually transmitted diseases, pregnancy, psychiatric disorder/mental health, or drug and/or alcohol use. If I have been tested, diagnosed or treated I fully understand all medical records will be released.
I understand that information disclosed pursuant to this authorization may be re-disclosed to additional parties and no longer protected. I hearby release Dr. Robert Plambeck, M.D., P.C. from any and all claims or demands, causes of action of any nature and any type resulting from a disclosure of any medical records or other information in conformance with this authorization.

_____ _____
Signature of Patient Signature/Relationship (if other than patient)

_____ _____
Witness Date

This authorization will remain in effect for six months after the date that appears above.