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| **C:\Users\corina\OneDrive\Documents\thumbnail.jpg** |  **For Office Use Only** **BRFC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SRMH # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

 ***Your Bridge to Health...***

**AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF MEDICAL INFORMATION**

(AUTORIZACIÓN PARA DIVULGACIÓN E INTERCAMBIO DE INFORMACIÓN MÉDICA)

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** **authorize the Blue Ridge Free Clinic to:**

*(Nombre)* *(autorizo que la Blue Ridge Free Clínica pueda:)*

 **Exchange information on an ongoing basis with the following agencies:**

*(Intercambiar información de forma continua* a las siguientes agencias:)

**Name of hospital, individual, or agency (***Nombre del hospital, individuo o agencia***):**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Sentara RMH Medical System Sentara RMH Outpatient Offices 2010 Health Campus Dr. Harrisonburg, VA 22801**  | **6.** | **Harrisonburg-Rockingham Department of Social Services 110 N. Mason Street Harrisonburg, VA 22802**  |
| **2.** | **Ava Care 847 Martin Luther King Jr. Way Harrisonburg, VA 22801** | **7.** | **Healthy Community Health Centers 1380 Sorrel Drive Harrisonburg, VA 22801** |
| **3.** | **Community Service Board 1241 N. Main Street Harrisonburg, VA 22802** | **8.** | **Augusta Medical Center (AMC) and Augusta Health Outpatient Facilities 78 Medical Center Drive Fishersville, VA 22939** |
| **4.** | **Suitcase Clinic 755 Martin Luther King Jr. Way Harrisonburg, VA 22801** | **9.** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **5.** | **UVA Health System****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Charlottesville, VA 22903** | **10.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**for the purpose of continuity of care** *(con el propósito de* *la continuidad de cuidados)****.***

**Complete Record** (*Archivo completo*) **Progress Notes** (*Notas de progreso*) **Consultations** (*Consultas*)

**X-ray/Diagnostics** (*Radiografías/Diagnósticos*) **Current Medication List** (*Lista de medicamentos actuales*) **Procedures/Operative Reports** (*Procedimientos/Informes operatorios*) **Discharge Summary** (*Resumen de la visita*) **Other (Specify)** (*Otro - especifique)*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that this consent is revocable upon written notice to the Blue Ridge Free Clinic, except to the extent that action has already been taken with this authorization. The authorization shall remain in force as long as I am a BRFC patient.** *(Yo entiendo que puedo revocar esta autorización mediante un aviso por escrito a la Blue Ridge Free Clinica, salvo en las acciones ya tomadas con esta autorización. Esta autorización permanecerá en vigencia mientras permanezco como paciente de la BRFC.)*

**Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Firma de Paciente) (Fecha)*

**Date of Birth**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (*Fecha de Nacimiento*

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| **Blue Ridge Free Clinic** 831 Martin Luther King, Jr. Way Harrisonburg, Virginia 22801Phone: 540-705-0337 | Fax: 540-383-7375 |

**3/21/24**