Sea Girt Medical Associates, P.C.
235 Route 71 Manasquan, NJ 08736
Phone: 732-223-4300
Fax: 732-223-5273

Authorization for Records Release

As a Patient-Centered Medical Home, we are dedicated to providing our patients with comprehensive, personalized, coordinated care. Therefore, it is important that we are connected to any specialists or other physicians responsible for your care. By signing below, you are providing consent for our practice to request courtesy copies of your medical records.

I, ____, hereby authorize Sea Girt Medical Associates to request courtesy copies of my medical records from other physicians responsible for my care, including:

- Lab work results
- Colonoscopy, sigmoidoscopy, and endoscopy reports
- Consult and progress notes
- Vaccination records
- Radiology/imaging reports (X-ray, CT scan, MRI, Mammography, bone density scan, etc.)

Furthermore, I understand that while my primary care physician may receive courtesy copies of my medical records, it remains the ordering physician's responsibility to review, monitor, and arrange follow-up on any test results and diagnoses from testing he or she ordered.

Patient Name (Print) ____

Patient Name (Signature) ____ Date _______________