

# Roxbury Comprehensive Health Center, Inc.

## AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

*Please print*

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Patient Name

Other Last Names

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Date of birth

Phone Number

Email Address

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Street Address

City, State, Zip code

I hereby authorize **Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103**, on behalf of Roxbury Comprehensive Health Center, 435 Warren St, Roxbury, MA 02119, c/o McKenzie & Associates P.C., 183 State St, Suite 6, Boston, MA 02109, to execute one of the following;

***Please select one of the following delivery options:***

- Secure HIPAA approved electronic transfer to the following email address.  
*List your email address here* \_\_\_\_\_
- Pick up disc, in person, at Morgan Records, 159 Frontage Road, Manchester, NH 03103. Available office hours are Monday – Friday 9am-5pm. A 48-hour notice for pick up is required.
- Disc mailed to home or physician/facility. There will be a **\$10 shipping charge prior to mailing**. We mail USPS Certified Return Receipt. List address here:

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I, \_\_\_\_\_, am the patient or legal guardian who has authorization to release the above records. Any facsimile, copy, or photocopy of this release will be valid for 90 days and shall authorize you to forward my medical records. This form gives you permission to share my private information obtained from this facility. Only records from this facility can be legally released. Any records from other physicians must be obtained from them directly.

**Please note; a \$25 records management fee is requested to process & deliver your medical records.**

### Payment Options:

- **CREDIT CARD** – visit our website at [MorganRecordsManagement.com](http://MorganRecordsManagement.com) to pay online, or call (603) 509-3986 X20 to process payment over the phone
- **CHECK** - please mail your completed authorization form with an attached check or money order made payable to Morgan Records Management LLC, to 159 Frontage Rd, Manchester, NH 03103.

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Patient or Legal Guardian Signature

Date

**Your completed authorization form may be faxed to 603-509-3987, emailed to [Marie@MorganRecordsManagement.com](mailto:Marie@MorganRecordsManagement.com), or mailed to Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103.**