



MASS LUNG
&
ALLERGY
PC

Leominster: 978-798-6900
Worcester: 774-420-2611
Concord: 978-341-8660
Westborough: 774-389-2100
www.masslung.com

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

Leominster

Payam Aghassi, MD, FCCP
Plutarco Castellanos, MD
Ryan Chua, MD
Mandeep Hundal, MD, FCCP
Rebecca Decoteau, NP
Victoria Hering, NP
Andrew Wilkes, NP

Name: _____ DOB: _____
Address: _____ Phone: _____

I hereby authorize Mass Lung & Allergy to release my medical record(s) to:

Name: _____
Address: _____

Records Requested: _____

I hereby authorize Mass Lung & Allergy to request medical record(s) from:

Name: _____
Address: _____

Records Requested: _____

Worcester

Mustafa Albakour, MD
Oren Schaefer, MD
Michelle Blouin, PA
Gayle Clemons, NP

Concord

Ali Khodabandeh, MD

Westborough

Payam Aghassi, MD, FCCP
Plutarco Castellanos, MD
Ryan Chua, MD
Mandeep Hundal, MD, FCCP
Ali Khodabandeh, MD
Rebecca Decoteau, NP
Victoria Hering, NP

I understand that these records may be in paper or electronic format and that I may revoke this Authorization at any time. This authorization is valid for one year from the date of signature.

I understand that Mass Lung & Allergy cannot be responsible for the confidentiality of these records once they are transferred from our possession. I also understand that Mass Lung & Allergy does not release records from other facilities or practitioners.

Please note there is no charge for records being released to another health care provider for continued health care purposes. In all other cases the fee for copying the medical records is \$15.00 for the first 100 pages and .25 for any additional pages.

Signature of patient/or legal guardian:

Date: _____

Charlton

Payam Aghassi, MD, FCCP
Plutarco Castellanos, MD
Ryan Chua, MD
Mandeep Hundal, MD, FCCP
Rebecca Decoteau, NP
Andrew Wilkes, NP