



Mary Valvano MD
Dawn Barclay MD
109 Ponemah Road, Suite E
Amherst NH 03031
800-603-8026
877-675-3532 (F)
hello@betternowmd.com

Re: _____

DOB: _____

A. RELEASE of medical information FROM BetterNowMD

I give my permission to release medical information for the purpose of continuing medical care to:

B. OBTAIN RECORDS and release TO BetterNowMD

I give my permission for BetterNowMD PLLC to obtain medical information for the purpose of continuing medical care from:

Release/Obtain::

Office Notes, Diagnostic/Lab Reports, Other: _____

Entire Medical Chart

Authorization to release sensitive information (ie Psychiatric/Mental Illness/Substance Abuse) **Yes No** (circle one)

- This authorization to release/send records includes all information contained in the medical record unless specifically excluded by written statement contained on this release form.
- I may revoke this permission at any time upon my written request.
- By signing this authorization, I acknowledge that my records may be sent, if necessary, via "FAX" or "Email". I am aware of risks associated with this form of electronic transmission, including but not limited to: lack of confidentiality safeguards at the site of the sending machine and the incomplete transmission of information.

Patient Signature

Date