

Authorization to Release Medical Records

Vegan Primary Care (closed September 22, 2026) · Scott Harrington, DO, records custodian

1. Patient

Patient's full legal name

Date of birth

Other names used while a patient (optional)

Phone

2. Who is releasing the records

Vegan Primary Care and its records custodian, Scott Harrington, DO, are authorized to release the records described below.

3. Who may receive the records

Name of person or organization

Phone

Mailing address

Email (records are delivered by secure link)

4. What will be released

The complete medical record held by Vegan Primary Care: visit notes, lab results, imaging reports, and other documents. This includes any information about mental health, alcohol or drug use, and HIV or other infectious disease testing.

5. Purpose of the release

☐ Continuing medical care ☐ My own use ☐ Insurance ☐ Legal ☐ Other

6. Signature

I authorize the release described above. This authorization covers this one request and expires 90 days after it is signed.

I may cancel this authorization at any time by writing to email@veganprimarycare.com; cancelling does not affect records already released. Signing is voluntary: my care, payment, and benefits do not depend on it. Records released to the recipient may be shared again by them and may no longer be protected by federal privacy law.

Date signed

Signature of patient or legal representative (sign by hand or with your device)

Printed name of the person signing

If signed by someone other than the patient, please also include a copy of the papers showing your authority:

Relationship to the patient

Legal authority (e.g., parent, guardian, power of attorney)

To return this form: upload it on the page shown after you submit a records request, or on the upload page we email you.

Questions: email@veganprimarycare.com