



## NOTICE OF MEDICAL RECORDS RELEASE POLICY

It has always been this hospital's goal to show the utmost respect for our clients and patients. We take the medical records of your pet (and all our patients) very seriously, following the strict guidelines set forth by the *American Animal Hospital Association (AAHA)* and the *Minnesota Veterinary Medical Association (MVMA)*.

We work to keep your records complete with detailed entries of the services and procedures administered to your pet, as well as entering notations, observations, and findings during your visit. It is our goal to maintain confidentiality, and always respect your privacy.

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**As we've all been affected by the 1996 legislation of the *Health Insurance Portability and Accountability Act (HIPAA)*, regarding human medical records, we want to alert you to our rules and protocols regarding animal medical records as outlined by AAHA and MVMA.**

**In order to comply with the current standards directing the release of veterinary patient medical records, we must have your written consent to transfer, copy or transmit, either a portion or the entire medical history for your pet, from our hospital.**

### **Consent for the Release of Medical Records**

(This consent expires one (1) year from the date below)

I certify that I am the legal owner, or guardian of the owner, of the below patient (pet), and that I am authorized to sign authorizations for this patient.

I authorize *Como Park Animal Hospital (CPAH)* and/or *AfterHours Veterinary Care (AHVC)* to release / disclose my pet's health and medical records to the individual, pet care facility and/or health care provider listed below.

I understand that there may be an administration fee for copying and/or sending my records (which CPAH will alert of in advance).

\_\_\_\_\_  
Client's Name (Clearly Printed)

\_\_\_\_\_  
Pet's Name

\_\_\_\_\_  
Client's Signature (must be 18 years of age or older)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Name & Address / Fax Number of Location to Send Records