



Oculopharyngeal Muscular Dystrophy Registry
Patients and Family Members
Authorization for Release of Medical Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Former/maiden name(s) that records may be filed under: \_\_\_\_\_
Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_
Patient's Phone Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

We are requesting records from your neurologist, physician or MDA clinic about your muscle disease only.

I authorize the University of New Mexico's OPMD Registry to obtain information from:

Provider Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

TYPES OF RECORDS REQUESTED: Initial diagnostic note Last clinic note DNA testing EMG
Muscle biopsy report Records that pertain to your muscular dystrophy

SEND RECORDS TO: OPMD Registry Phone: (505) 272-6354
c/o Dr. Sarah Youssof
MSC 10-5620 Fax: (505) 272-6692
1 University of New Mexico
Albuquerque, NM 87131

PURPOSE FOR THIS REQUEST: Research
AUTHORIZATION VALID FOR: One year from the date of authorization or \_\_\_\_\_(insert date).

I understand that:

- My right to health care treatment is not conditioned on this authorization.
I may cancel this authorization at any time by submitting a written request to the address provided in the "SEND RECORDS TO" section of this form, except where a disclosure has already been made in reliance on my prior authorization.
If the person or facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, the information stated above could be disclosed.
Release of HIV-related information, mental health related care, or substance abuse diagnosis and treatment information requires additional authorization.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to us so we can communicate directly with your physician, or if you prefer, you may provide it directly to your physician.

OPMD Registry
Sarah Youssof, MD
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1 University of New Mexico
Albuquerque, New Mexico 87131
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Fax: (505) 272-6692
Email: opmd@salud.unm.edu
Website: http://som.unm.edu/programs/opmd