

Dear Valued Patient,

Please be advised that effective January 1, 2014, the Faculty Practice Plan of Howard University ("FPPHU") will no longer be affiliated with Medical Faculty Associates, Inc. ("MFA"). However FPPHU and its Physicians will continue to offer the same high level of medical care that you have come to expect from us at our current office locations.

If you would like to continue your care with your current FPPHU doctor, please sign and return the Medical Records Release so that your doctor can receive a copy of your medical records.

FPPHU and its Physicians are committed to ensuring a smooth transition to an independent practice. If you encounter any problems or have any questions regarding your medical care, please contact FPPHU at: 202-865-ASKS (2757), Or e-mail us at: HowardCares@Howard.edu

Thank you, The Doctors of Howard University
MEDICAL RECORDS RELEASE
To: Medical Faculty Associates, Inc.
Patient Name (Last, First, MI): Date of Birth: MRN:
I hereby authorize you to transfer to the Faculty Practice Plan of Howard University all original records relating to my medical treatment, including records of any diagnosis, treatment or examination rendered to me, by or on behalf of Medical Faculty Associates, Inc.
I hereby release the George Washington University Medical Faculty Associates, and its employees, officers and Physicians from any and all liability for the disclosure of personal health information made in accordance with this request, including any unauthorized subsequent disclosure(s) made by a recipient.
I understand that I may cancel this authorization at any time except after the above records have already been released in accordance with this authorization. I further hereby certify that I understand the nature of this release.
Signature of *Patient or Authorized Representative Date (Patient, Parent of Minor, Legal Guardian, Personal Representative, Heir at Law, Person under a POA*)

Printed Name of *Patient or Authorized Representative

(Patient, Parent of Minor, Legal Guardian, Personal Representative, Heir at Law, Person under a POA*)

Relationship to the Patient



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