Authorization to Release Health Information

PATIENT INFORMATION

Last Name	First Name	MI
Address		
Date of Birth	Last 4 Digits of SSN (optional)	

ENTITY RELEASING INFORMATION *(At my request, the entity described below is authorized to release the requested information)*

Name	
Address	
Phone	Fax

❑ Entire record ❑ Office visit notes ❑ Immunizations ❑ Health summary
❑ Lab/Pathology ❑ Radiology ❑ Correspondence (referrals and hospital)
❑ Other records as listed: _____
_____
❑ Financial records ❑ Marketing*
❑ Psychotherapy notes – if this box is checked only psychotherapy notes may be released

Dates of service requested (three years of records only if transferring) _____ to _____

*Financial compensation is received for this communication.

ENTITY TO RECEIVE INFORMATION

Name	
Address	
Phone	Fax

❑ Send the information electronically to email address: _____

❑ I understand that if information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. I still elect to move forward to allow email communications to occur.

This authorization shall be in effect until the information has been forwarded as requested or until the course of treatment is complete.

Patient Rights:

- I have the right to revoke this authorization at any time by contacting our office.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.
- I may refuse to sign this authorization and that my treatment will not be conditioned on signing.
- I understand released information may include a communicable disease diagnosis such as HIV.

_____
Signature of Patient or Personal Representative Date

_____
Description of Personal Representative's Authority (attach necessary documentation)