



PRIMARY HEALTH MEDICAL GROUP
AUTHORIZATION TO RELEASE PATIENT INFORMATION

PATIENT NAME: MAIDEN/PRIOR NAME:
DATE OF BIRTH: SS#: CURRENT PHONE #

FROM:
Physician/Medical Office
Address
City State Zip Fax#

TO:
Name
Address
City State Zip
Fax # Phone #

I PREFER TO HAVE THESE RECORDS:

- PICKED UP AT CLINIC
FAXED
MAILED
E-MAILED (Requires log-in to encrypted website) e-mail address

I hereby authorize and request the release of the following information:

Patient Information for visit date(s) of to
Specific Lab/X-Ray/Report:

YOU WILL BE PROVIDED YOUR ELECTRONIC RECORDS FROM THE PAST TWO YEARS. Any additional records will be charged as follows: up to 50 additional pages, \$15, 51-100 pages, \$25, and anything over 100 pages, \$50. All charges must be pre-paid. WE WILL NOT SEND RECORDS TO THIRD PARTIES WITHOUT A PROPER AUTHORIZATION FROM THAT THIRD PARTY.

This authorization expires on: (If no date is specified, this authorization will expire in 6 months)

If you do not wish to release records containing information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug and or alcohol abuse, mental illness or psychiatric treatment, please initial here. Unless initialed here this information is deemed permissible to release.

Upon request, I may limit the amount of time that this consent for release of information is valid. I may revoke this authorization in writing at any time. I understand that the revocation will not apply to information that has already been released. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization and know that I do not need to sign to assure treatment. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure by the recipient. Photocopies or facsimile of this Authorization shall be considered to be the same as a signed original document.

Signature: Date:

Relationship to patient (If parent or guardian):

This authorization conforms to the regulations promulgated under Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1987 and Section 408 of the Drug Abuse Office and Treatment Act of 1972.