



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: _____ Date of Birth: _____

SSN: _____ Previous Name: _____

I request and authorize:

_____ Name	_____ Relationship/Business
_____ Address	_____ City/State/Zip Code
_____ Phone Number	_____ Fax Number

To release health care information of the patient named above to:

_____ Name	_____ Relationship/Business
_____ Address	_____ City/State/Zip Code
_____ Phone Number	_____ Fax Number

Reason for Request – Choose One

- Continuing Health Care Insurance Attorney Personal Other

Request the Following Information – Choose One

- All Health Information
- Health Information from _____ to _____
- Specific Health Information about _____

I understand my specific permission to release information about the items listed below is required. Unless initialed, All confidential information will be released.

Sexually Transmitted Diseases and HIV/AIDS _____	Psychiatric Disorders/Mental Illness _____
Alcohol and/or chemical dependency _____	Reproductive Health (including abortion) _____

I may cancel my permission at any time by sending a letter to the person or organization listed above. I know if I cancel my permission it will not affect any information released before my permission was cancelled.

If I do not cancel my permission sooner, I understand this form will expire

- 90 days from date this is signed or
- On or before _____, 20____ or
- When treatment is complete for a specific health condition. Condition: _____

Once healthcare information is disclosed, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect the information. I have also been notified of the possible charge for records.

Requested by – Choose One: Patient Parent Legal Guardian Power of Attorney

_____ Signature of patient or patient's authorized representative	_____ Date Signed
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Print name of requestor (if not patient)

THIS AUTHORIZATION EXPIRES 90 DAYS AFTER THE DATE IT IS SIGNED.
(POSSIBLE COPYING FEE REQUIRED)

Phone: 206-267-2100 Fax: 206-267-2101