



PRIMARY HEALTH MEDICAL GROUP
AUTHORIZATION TO RELEASE PATIENT INFORMATION

PATIENT NAME: MAIDEN/PRIOR NAME:

DATE OF BIRTH: SSN:

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 [] FAXED [] MAILED
CLINIC

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

Patient Information for visit date(s) of to

Billing Statements for visit date(s) of to

Specific Lab/X-Ray/Report:

PLEASE BE AWARE THERE WILL BE A CHARGE FOR ANY NON-ELECTRONIC RECORDS. This would include all records prior to 11/1/07. The charge would be \$.20 per page and the cost of postage (if you request the records be mailed). All charges must be pre-paid.

Purpose for release of information:

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 or Section 408 of the Drug Abuse Office and Treatment Act of 1972.