"Bringing Old-Fashioned Medicine Back Home"

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Request to Release, Copy, or Inspect Protected Health Information

Patient Name: _____ **Date of Birth:** _____

Patient Address: _____ **Phone #:**_____
Street

_____
City, State Zip

For Record Release or Copies: By signing this authorization, I authorize the party listed below to use and/or disclose certain protected health information (PHI) about me / my child.

This authorization permits:

_____ **to use or disclose to** _____
Provider's Name **New Provider, Specialist, or Person Receiving Copy**

_____ _____
Street Address **Street Address**

_____ _____
City, State ZIP **City, State ZIP**

_____ _____
Phone # **Phone #**

Information to be Released/Copied **: ( )** All pertinent medical records including immunizations and lab tests

( ) Encounter Notes – *dates*: _____ **( )** Lab Info –*dates*: _____
( ) Other: _____

Information to be Excluded/ Not Released **: ( )** None **( )** Mental Health Records
( ) Drug/ Alcohol Treatment **( )** HIV Testing **( )** Sexual Assault/Victimization Records
( ) Other: _____

Reason for Record Release or Copy **: ( )** Personal Copy **<see below / charges apply**
( ) Over age 21 **( )** Insurance Change **( )** Moving/ Changing Providers **( )** Referral to Specialist
( ) Unhappy with Practice (Please state why) _____
( ) Other : _____

For Patient or Guardian Inspection/Copy Requests: ( ) Check Here

I understand and agree that I am financially responsible for the following fees associated with my request: copying charges, including, the cost of supplies and labor, and postage related to the production of my information. I understand that the charge for this service is: **$.50 per page for the first 25 pages, then $.30 for each page thereafter.**

_____ _____
Signature of Patient or Legal Guardian **Date**

_____
Print Name of Patient or Legal Guardian

FOR INTERNAL PURPOSES ONLY: **Name and Title of Person Releasing Records** _____
Method of Transfer: Mailed on (date) _____ Certified? (certification #) _____
Faxed to (number) _____ on (date) _____
Emailed to (name & email) _____ on (date) _____