



Authorization/Release for Protected Health Information (PHI)

Patient Legal Name	Date of Birth	SSN#
Address		Phone#
State	City	Zip Code

I hereby authorize the following facility to disclose Protected Health Information of the Patient listed above:

From: Name/Title _____	To: Name/Title _____
Address _____	Address _____
_____	_____
Phone # _____	Phone # _____
Fax # _____	Fax # _____

Reason to Release Protected Health Information _____

Type of Access Requested Specific Date Range Requested _____

- Copies of Records Entire Record Lab Progress Notes
- Inspection of the record Pertinent info only Imaging/Radiology Physicians orders ER Records Cardiac Studies Billing
- History & Physical Demographics Immunizations Consult Report Nursing Notes Other
- Operative Report Medication Record Rehabilitation Services

Expiration: This authorization shall expire upon (check one):

- Fulfillment of this request
- Date _____

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV results or AIDS information. I understand that this authorization may be revoked by me any time except to the extent that action has been taken in reliance upon it. The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that there may be a fee involved with the fulfillment of this request. **See fee schedule below.**

I understand that the term Complete Chart for release of Protected Health Information mean that **only records generated by this facility will be released.**

I have read the above and authorize the disclosure of the protected health information.

For closed clinics there will always be a fee for copying of records.

Signature of Patient/Parent/Legal Guardian: _____

Date _____

Fee Schedule

Fees for duplication of Protected Health Information shall follow the Regulations for Patient Medical Reproduction Fees 6 C.C.R. 1011-1, Chapter 21, Part 5.2.3.4. which states the patient shall pay for the reasonable cost of obtaining a copy of