Grace Family Health, Inc.

Request for Medical Records

Form must be completed or it will delay your medical records request

Date of Medical Records Request: _____

Patient 's Full Name: _____

Address: _____ City: _____ State: _____

Phone: _____ D.O.B _____

I authorize: (Facility Name): _____

Facility Phone: _____ **Facility Fax:**_____

to release my medical records to:
Grace Family Health, Inc.
24910 Las Brisas Road, Suite 105
Murrieta, CA 92562

For the purpose of review/examination, I further authorize you to provide such copies as may be requested, the foregoing is subject to such limitations as indicated below:

____ Entire Record ____(Specific dates of service, if applicable): _____
____ Specific Information: Medication History X-rays MRI CT Scan
__ Other Specific Information: _____

I give special permission to release any/all information regarding (**Initial on Applicable Line(s) below**):

____ Substance Abuse ____Psychiatric/Mental Health Information ___HIV Information

This authorization will automatically expire one year from the date signed. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance thereon.I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.

_____	_____	_____
Patient Signature:	Legal Guardian/Representative Signature	Description of Authority to Act for Patient

AUTHORIZATION TO USE OR RELEASE PROTECTED HEALTH INFORMATION REGARDING MEDICAL, PSYCHIATRIC AND SUBSTANCE ABUSE RECORDS FOR THE RECIPIENT OF THE INFORMATION: If any of the requested records contain information regarding alcohol or drug abuse treatment, it is protected by the Federal confidentiality rules(42CPR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further use or disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CPR Part 2. A general authorization for the use or release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.