



URGENT & PRIMARY CARE

Authorization For Release of Health Information

Patient Name: _____ Date: _____
Patient DOB: _____ Patient Social: _____

I hereby authorize that Access Point Healthcare Urgent and Primary Care:

RELEASE/OBTAIN
(Circle One)

The protected health information regarding the above name person to/from:

Person/Institution: _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax Number _____

Records Requested: Office Notes Labs Pharmacy / Medications Other _____

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written authorization unless otherwise provided for the regulations.

PROHIBITION ON RE-DISCLOSURE: Alcohol and drug abuse information, if present, has been disclosed from records whose confidentiality is protected by federal law. Federal regulation (24 CFT Part 2) prohibits recipients from making any further disclosure of this information except with specific written consent of the patient. HIV testing, ARC and /or AIDS related diagnosis is further prohibited from disclosure by State Regulations without the specific written consent of the patient. A general authorization for the release of information is held by another party is not sufficient for this purpose.

RE-DISCLOSURE: Notice is hereby given to the patient of legal representative signing this Authorization that Access Point Healthcare Urgent and Primary Care cannot guarantee that the Recipient receiving the requested health information will not re-disclose any or all of it to others. Notice is hereby given to the Recipient that law prohibits the re-disclosure of any health information regarding drug and / or alcohol abuse, HIV and mental health treatment.

There is a \$25 minimum charge for records requested by the patient. Records may be sent to physicians for no charge.

Signed _____ Witness _____

Please allow 5-7 business days to complete this request. We cannot release hospital records or records from other physicians. All records requested are subject to a processing fee; however, records can be faxed to another physician's office free of charge.