



# APEX MEDICAL CENTER



## Consent to obtain Confidential Information

I, \_\_\_\_\_, born on \_\_\_\_\_, hereby authorize:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

To disclose the following information (check all that applies):

- All records needed for continuity of care  
OR
- Immunization information
- Clinician office notes/reports
- Transcribed hospital records, including progress notes and nursing records
- Pap/Annual Results
- Lab Work (specific dates if applicable) \_\_\_\_\_
- Diagnostic imaging reports/procedure reports
- Other \_\_\_\_\_

I UNDERSTAND THAT THE FOLLOWING INFORMATION WILL NOT BE RELEASED UNLESS INITIALED. I CONSENT TO AND AUTHORIZE YOU TO RELEASE THE FOLLOWING RECORDS THAT I HAVE INITIALED.

- Sexually Transmitted Disease
- HIV Testing
- Substance Abuse
- Mental Health

To the following:

**Apex Medical Center**  
1701 Bearden Dr., Suite 200  
Las Vegas, NV 89106

Phone: 702-310-9110 Fax: 702-310-9114

I understand that certain records are protected by Federal and / or State laws which prohibit the release of such records. Apex Medical Center will comply with such laws.

By signing this consent on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I agree with all the provisions stated in this consent for the release of the information. This consent shall remain valid as long as I remain a patient of this practice. I also understand that I may revoke this consent in writing at any time.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Patient or Legal Guardian

Records Request Sent Via:

Faxed

Mailed

Picked-Up

Requested Sent By:

\_\_\_\_\_  
Employee Initials

\_\_\_\_\_  
Date

Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of the medical or other information if held by another party is not sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of first offense, and not more than \$5,000 in the case of each subsequent offense.