976 Mountain City Hwy, Elko Nevada 89801
Phone: 775-777-7587 Fax: 775-738-9584

Authorization to Release Medical Information to:

Name: _____

Address: _____

Phone #: _____

Fax #: _____

Email: _____

Information to be Released: (*Check all applicable*)

☐ All Information ☐ Last Visit ☐ Electrocardiogram (EKG) ☐ Other_____

☐ Lab Reports ☐ X-Ray Reports ☐ Immunization Records

Special Authorization: Check applicable box or boxes and sign immediately below. By signing below, I am authorizing the office to release any and all information regarding:

☐ Alcohol ☐ Drugs ☐ Mental Health ☐ Sexually Transmitted Diseases ☐ HIV ☐ AIDS

Note: If this release pertains to alcohol, drug, or mental health information, please note that this information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this information unless additional further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the 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.

Patient's Signature: Date:

Records from Time Period: ____ /____ /____ through ____ /____ /____

Purpose of Disclosure: (Check applicable purpose)

☐ Continued Medical Care ☐ Payment of Insurance Claim ☐ Legal
☐ Personal ☐ Workers' Compensation Claim ☐ Other: _____

I understand that this authorization shall be valid for one (1) year. I understand that I may revoke this consent at any time except to the extent that action has already been taken.

I understand that a reasonable fee may be charged for duplication of records. An estimate of those charges will be provided upon request prior to duplication.

I understand that the requestor may be provided with a copy of this authorization.

Patient/Guardian Signature: _____ Date: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

For office use only:

_____

MR# *Date* *Initials of Staff Member Sending*

Revised: 02/16/16