



Central Medical Clinic Patient Release of Information

Patient Information:

First Name: _____ MI: _____ Last Name: _____
DOB: _____ Previous Names: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Cell Phone: _____
Email Address: _____

I would like to release information to:

Clinic/Organization/Individual Name: _____
Phone: _____ Fax: _____

I would like to request information from:

Clinic/Organization Name: _____
Phone: _____ Fax: _____

Information to be released:

Dates of Service: _____

- All Health Information**
- Consultation Report
- Laboratory Report
- Discharge Summary
- Progress Notes
- Care Plan
- Radiology Report
- Medications
- Billing Records
- Mental Health Report
- Discharge Summary
- Other

- Reasons for Release Information: Please Circle**
- Patient Request
 - Transfer of Care
 - Insurance
 - Treatment/Continued Care
 - Legal

The following information requires special consent by law. Even if you indicate all health information, you must specifically request information regarding chemical dependency programs and psychotherapy notes.

I understand that by signing this form, I am requesting that the health information specified will be sent to the third party named.

I may stop this consent at any time by writing to the organization(s), facility(ies) and/or professional(s) named.

If the organization, facility or professional named has already released health information based on my consent, my request to stop will not work for that health information.

I understand that when the health information specified is sent to the third party named, the information could be re-disclosed by the third party that receives it and may no longer be protected by federal or state privacy laws.

I understand that if the organization named is a health care provider they will not condition treatment, payment, enrollment or eligibility for benefits whether I sign the consent form.

Patients: Signature: _____ Date: _____

This consent is active for 1 year from date of signature