

Mountain Health Services, P.C.
740 McKinley Avenue
Kellogg, ID 83837
(208) 783-1267

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Information:

Name: _____ DOB: _____ SS#: _____

Information to be sent from: _____
(Name of Facility or Provider)

(Address) (Phone/Fax)

Information to be sent to: _____
(Name of designated recipient) (Phone) (Fax)

(Address) (City) (State) (Zip)

Information to be released:

- The most recent 2 years of pertinent information (Chart notes, labs, x-rays, special tests)
- All medical records
- Specific Information (please specify):

Purpose for which disclosure is being made: (Please check one of the following)

- Attorney
- Insurance
- Doctor
- Personal

Patient Authorization:

I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drugs and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for these records to be released.

EXCLUDE the following information from the records released (please initial):
___ Drugs/Alcohol abuse/Treatment & Diagnosis ___ Sexually Transmitted Disease
___ HIV/AIDS Diagnosis/Treatment/Testing ___ Mental Illness or Psychiatric Diagnosis/Treatment

MY RIGHTS:

I understand I do not have to sign this authorization in order to obtain health care benefits (treatment, payment, or enrollment). I may revoke this authorization in writing. (To view the process for revoking this authorization, please read the Privacy Notice to patients posted at the facility where your information is being released.) I understand that once the health information I have authorized to be disclosed reaches the noted recipient, that person or organization may redisclose it, at which time it may no longer be protected under Privacy Laws.

Signature: _____ Date: _____
(Patient, Guardian, or Authorized Representative)

(Please provide documents to prove authority to sign on behalf of the patient.)

(This authorization will expire in 90 days from the date signed.)