



Instructions: Authorization to Release Protected Health Information Form

Did you know....Your records can be accessed on our patient portal! Ask the front desk if you would like to sign up to our portal! You will need to provide an email address.

Form A: Authorization to **Release** Protected Health Information

When to use: This form is used when you are requesting copies of your health records for yourself or your child/individual that you have guardianship over **or** if you would like to send these records to another facility/office.

Instructions:

- **Section 1:** Patient's name, DOB, address and phone number of records requested
- **Section 2:** Add the Name, Address, number and fax number to where the records need to be sent. If you are directly requesting the records, your information would go in this section.
- **Section 3:** Check what health records need to be sent. Add the dates or the date range of the records you want sent.
 - **If you choose all medical or all dental, you do not have to choose a date range.**
 - Immunizations=vaccinations/shot record
 - Labs=blood work/testing
 - Progress Notes= office visit notes
- **Section 4:** if any of your records that you checked in **Section 3** contain any information regarding mental health conditions, drug/alcohol related conditions and/or HIV/AIDS testing or treatment please **initial** the appropriate boxes so this information can be legally sent.
- **Section 5:** Circle how you would like the records sent/received (if you want to pick them up, mailed, faxed, emailed). If you would like records emailed, please add email address to the line.
- **Section 6:** Circle the reason you want your records released.
- **Section 7:** Need signature of patient or Legal guardian, date and printed name. Relationship to patient if someone other than patient signed (example: guardian, mother, father)

