

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION
(THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE RECORDS CAN BE RELEASED)

I authorize the release of my individually identifiable health information, which may include information such as laboratory test results, medical history, treatment, billing, insurance or related information, chemical or alcohol dependence or information concerning communicable diseases, unless otherwise initialed below.

_____ Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)
Initial above to stop the release of this information.

_____ Psychotherapy or Psychiatric care
Initial above to stop the release of this information

I understand that this form is voluntary, and I may refuse to sign the authorization. I further understand that my health care and the payment of my health care will not be affected if I do not sign this form.

Release records **TO** or **FROM** (*circle one*) Doctor or Hospital listed below:

Release records **TO** or **FROM** (*circle one*) Doctor checked below:

_____ Andrew Davey MD	_____ Julie Norley DO
_____ Laura Henson MD	_____ Roseanne Collins MD
_____ Dena Cornelius MD	_____ Jennifer Smith DO
_____ Mandy Lim DO	_____ Katy Kirk MD

A copy or summary of: _____ concerning illness/ treatment
from the following period: _____ to _____ or **ALL RECORDS**

Signature of patient or representative

Date of birth

Printed name

Date

Relationship to patient (if applicable)

Legal authority (attach documentation)

Printed name of requesting staff

Date

This authorization will expire one year from the date signed unless otherwise specified.

I may revoke this authorization at any time by notifying **Mountain View Family Physicians** in writing **5111 N Scottsdale Rd., ste 108, Scottsdale, AZ 85250**. I also understand that the written revocation must be signed and dated with a date that is later than the date on this authorization. The revocation will not affect any actions taken before the receipt of the written revocation. I understand that if the recipient authorized to receive the information is not a covered entity—e.g. health insurance plan or health care provider — the released information may no longer be protected by federal and state privacy regulations.

5111 N Scottsdale Rd Ste 108 Scottsdale, AZ 85250
Phone (602) 224-9218 • Facsimile (602) 224-0078