

AUTHORIZATION FOR USE/DISCLOSURE OF HEALTH INFORMATION

I voluntarily consent to and authorize Baker Family Naturopathic to use and/or disclose my health information during the term of this Authorization to the recipient identified below.

Patient Name: _____ Date of Birth: _____

Phone Number: _____ Relationship to Patient: _____

I hereby authorize:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

To Disclose To:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Purpose: I authorize the release of my health information for the following specific purpose:

Continuation of Care Personal Copy Legal/Attorney Insurance Other

Information To Be Disclosed: I authorize the release of the following health information: (initial the space below)

____ ALL Records (chart notes, labs, imaging, procedures, etc.)

____ Chart Notes *From* _____ *to* _____

____ Imaging *Dates:* _____ *Specific Types/Tests:* _____

____ Labs *Dates:* _____ *Specific Types/Tests:* _____

____ Only the following records or types of health information: _____

**** UNLESS YOU INITIAL BELOW NO INFORMATION ABOUT ALCOHOL/SUBSTANCE ABUSE, HIV/AIDS, OR MENTAL**

HEALTH WILL BE DISCLOSED: YES, DISCLOSE INFORMATION _____ NO, DO NOT DISCLOSE INFORMATION _____

I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations. I understand that this Authorization **will remain in effect for 180 days** and am aware that I may revoke this authorization by notifying the above recipient in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that signing this form is voluntary and that if I don't sign, it will not affect the care I will receive.

Patient/Guardian Signature

Relationship to Patient

Date

Released: _____