



Jeramiah Walker APRN-CNP | Board Certified Family Nurse Practitioner

100 N.W. 16th Street
Newcastle, Oklahoma 73065
Tel: 405-387-3838
Fax: 405-387-3822
www.TriCityFamilyCare.com

MEDICAL RECORDS RELEASE FORM

I hereby authorize the following provider to release information contained in my medical record.

Provider: _____

Address: _____

City, State, Zip: _____

PATIENT INFORMATION

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Social Security Number: _____

PLEASE CHECK IF APPLICABLE

- Furnish a copy of records covering the period from _____ to _____ .
- Furnish Hospital Records only.
- Include Lab and X-ray reports with chart notes.
- Other Requests/Instructions _____

Forward Records to:	<input type="checkbox"/> Tri-City Family Care
Address:	100 N.W. 16th Street
City, State & Zip:	Newcastle, Oklahoma 73065
Fax:	(405) 387-3822

This consent will expire 90 days after the date of the signature. I understand that this authorization is subject to revocation by me at any time except to the extent that action has already been taken in reliance on it. **I UNDERSTAND THAT MY MEDICAL RECORDS MAY CONTAIN INFORMATION THAT INDICATES THAT I HAVE A COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA OR THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).** When such information is released it cannot contain information from which you could be identified unless release of that identifying information is authorized by you, or by an order of the court or by the Department of Health. With this knowledge, I give my consent to the release of all information concerning my identity and release Tri-City Family Care, Jeramiah Walker, APRN-CNP, his agents and employees from any liability in connection with the release of the information contained therein.

Patient Signature Date

Parent/Guardian/Authorized Representative Signature Date

Witness Signature Date