

INTEGRATIVE FAMILY HEALTH CLINIC
3903 Colby Avenue
Everett, WA 98201
Phone: (425) 258-2325
Fax: (855)543-3033

MEDICAL RECORDS RELEASE FORM

Patient Name: _____

Date of Birth: _____

I hereby authorize Integrated Family Health Clinic to request patient information from:

Name/Organization: _____

Address: _____

Phone: **Fax:** _____

Information to be released:

_____ All my health information maintained by the above name practice
_____ My health information relating to the following treatment or condition:_____
_____ My health information for the date(s):_____
_____ Other_____

This authorization is subject to my written cancellation at any time.

Please Print Name of Patient:_____

Signature of Patient:_____

Date: _____