

Deseret Family Medicine

At Greenfield

7165 East University Drive, Ste. 141, Mesa, Arizona 85207

Phone: (480) 981-3000

Fax: (480) 924-6339

AUTHORIZATION TO RELEASE RECORDS

Name: _____

Social Security #: _____

Address: _____

Date of birth: _____

Phone #: _____

From: Name and address of facility (doctor or hospital) from which records are to be released:

Name: _____

Address: _____

To: Name and address of facility (doctor or hospital) to which records are to be released:

Name: _____

Address: _____

I authorize the release of copies of the medical records in the possession or control of the above-named facility, its employees and/or agents. These medical records may include confidential records such as HIV-related information (as defined in A.R.S. Section 36-661) and/or confidential alcohol or drug abuse related information (as defined in 42 CFR Section 2.1 et seq.) and/or confidential mental health diagnostic and/or treatment information.

Records to be released (check one and specify details if appropriate):

All medical records

Medical records of the last two (2) years of treatment only

Medical records only for the following period: From: _____ To: _____

Records only pertaining to (specify injury or illness): _____

I have read and completed the above or have had the information completed on my behalf freely, voluntarily and without coercion. This authorization is valid for only six (6) months from the date of signature. I may revoke this authorization at any time providing I notify Deseret Family Medicine in writing to that effect. I understand that any release which was made in compliance with this release prior to my revocation of the authorization shall not constitute a breach of my rights to confidentiality. I understand that a photocopy of this authorization is considered acceptable in lieu of the original.

Patient or guardian signature

Date

Print name of patient or guardian

Relationship to patient

Staff use only: Prepared by: _____ Date: _____ Sent by: _____ Date: _____