



Authorization for Disclosure of Health Information

American University of Indigenous Medicine
DBA Infinitely Healing Indigenous Priory
672 W 220 S Bldg A, Pleasant Grove, Utah 84062
(385) 602-6050 / (385) 787-1193

Member ID Verified: Y N

Verified By: _____

Date Requested: / /

To maintain confidentiality, the member or legal representative must complete the bold items, present a valid ID and sign this form.

I hereby authorize you to disclose the following information from the clinical health records of:

MEMBER FULL NAME: _____

DATE OF BIRTH: / / SSN: XXX-XX-__ __ __ __ (last 4 only)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE#: _____

THIS INFORMATION IS TO BE DISCLOSED Hand carry Mail Fax

TO: _____ ADDRESS: _____

STATE: _____ ZIP: _____ TELEPHONE#: _____

TIME PERIOD OF REQUESTED INFORMATION: FROM: / / TO: / /

You have the right to restrict information. Please **ONLY check** the box for requested documentation.

- Financial Records Colonic Hydrotherapy Records Diet
- Turtle Island Membership Biogenetic Lab Records Historical & Physical
- Other: Explain Other Here _____

REQUIRES ADDITIONAL PRACTITIONER SIGNATURE TO DISCLOSE _____

- HIV/AIDS Related Information Psychological Records Drug/Alcohol Related Information

PURPOSE OF DISCLOSURE (Check only one box)

- Attorney/Legal (Fee) Affiliate Practitioner
- Personal Use (Fee) Related Clinic

It is further understood that the information disclosed is for the purpose stated above and may not be provided in whole or in part to any other agency, organization or person. This information has been disclosed to you from records whose confidentiality has been protected by State Law. The State Law prohibits you from making further disclosure of such information without specific consent of the person to whom the information pertains or is otherwise permitted by State Law.

Signature of Member or Legal Representative

Date

Relationship to Member

Witnessed By

Consent will expire one year from date of signature

____ Requested

____ Completed