**Authorization for Disclosure of Health Information**

I hereby authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to disclose personal healthcare information.

Patient Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: xxx-xx-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protected Health Information to be released:

* Complete medical record
* History and Physical
* Lab Result
* Progress Note
* Radiology Report
* Consultation Report

Dates of Service Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the release of personal healthcare information to Herb Medical Consulting, LLC for the purpose of evaluation, treatment, payment, and/or healthcare operations unless otherwise specified.

Preferred Form/Format:

* Paper: Mailed to PO Box 1589, Saltillo, MS 38866
* Secure Email: records@nemsherbal.com
* Fax: (662)601-2298

Designated Record Recipient: [ ]Self or [ ] Authorized Representative

| HERB Medical Consulting  PO Box 1589  Saltillo, MS 38866  Phone (662)372-5308  Fax (662)601-2298 |
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This consent will expire one year from the date of signing unless otherwise stated here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I am authorizing the release of protected health information to Herb Medical Consulting, LLC for the purpose of evaluation and treatment.

| Patient Signature | Date |
| --- | --- |
|  |  |

Email: [records@nemsherbal.com](mailto:records@nemsherbal.com)

Physical Address: 2785 Hwy 145, Saltillo, MS 38866

For questions or concerns please contact our office at (662)372-5308