

Authorization for the Release of Information

MEDICAL RECORD

INSTRUCTIONS: Complete this form in its entirety: Please complete a separate form for each requestor

Name of Previous Provider: _____

Address of Previous Provider: _____

City, State, Zip Code of Previous Provider: _____

IDENTIFYING INFORMATION:

Patient Name: _____ Email: _____

Daytime Telephone: _____ Date of Birth: _____

REQUESTOR INFORMATION: Information is to be released to the following individual or party:

Front Range Family Psychiatry LLC
Administrative Offices
PO Box 96
Power, MT 59468-0096

Front Range Family Psychiatry LLC
Clinic Office
124 Main Ave N
Choteau, MT 59422

(406) 478-5510

(406) 403-0423 HIPPA Compliant FAX

*Please note that a patient may designate up to two outside care providers to have permanent authorization to obtain copies of their medical records. This authorization may be revoked at any time upon your request. If you would like the above-named care provider to have such access or update existing care providers, please choose one of the following:

- Please give Front Range Family Psychiatry LLC authorization to my medical records
- Please remove _____ (previous) provider's authorization
- The purpose or need for disclosure: _____

Date Range of Information to be Released: from _____
(month/year) to (month/year)

Please check specific information to be released:

- Discharge Summary
- History & Physical
- Operative Reports
- Outpatient Progress Notes
- Consultation Reports
- Radiology Reports
- Radiology CD Images (CT/x-ray, etc.)
- Lab Results
- Other (Please Specify): _____

AUTHORIZATION:

Permission is hereby granted to (Name of Previous Provider): _____ to release medical information to Front Range Family Psychiatry LLC as identified above. (Note: submission of this form authorizes the release of the information specified within one year from date of signature.)

Patient/Authorized Signature: _____

Print Name : _____ Date : _____

Patient Identification (Account Number or DOB): _____

Authorization for the Release of Medical Information: Front Range Family Psychiatry LLC
Administrative Offices
PO Box 96
Power, MT 59468

