



AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Northwest Surgical Specialists, P.C

Release of Information: Phone: 360.449.1141 | Fax: 360.449.1146

Patient Name: _____ **Date:** _____

Patient date of birth: _____ **Patient phone:** (____) _____

I, (print name) _____ hereby authorize the staff of Northwest Surgical Specialists, P.C. to release my health record information as specified below:

Purpose: Continuation of care Personal use Insurance Legal action Other
 MAIL FAX ELECTRONICALLY (must be enrolled)

I authorize the release of the following information:

Name: _____

Notes relating to a specific body part or date range only (Please describe):

Relationship to patient: _____

Address: _____

City: _____

All chart notes and reports
 Diagnostic Imaging (XRAY/MRI/CT)
 Comprehensive Medical Records (ALLOW 15 BUSINESS DAYS; FEES MAY APPLY)

State _____ **ZIP** _____

Fax #: (____) _____

Email Address _____

This authorization ends on (date) _____ (if not specified, expires 90 days from date signed)

I understand that I may revoke this authorization by submitting a written request. The revocation would not affect any actions taken prior to notification of revocation, and I may not be able to revoke this authorization if its purpose was to obtain insurance. I understand the information released may be subject to re-disclosure by the person or class of persons or facility receiving it, and that privacy laws may no longer protect it.

I further authorize the release of health care information regarding testing, diagnosis and/or treatment for:

- HIV (Aids Virus) Psychiatric disorders / mental health
- Sexually transmitted diseases Drug and/or alcohol use

Signed: _____

Date: _____

Patient or legally authorized individual

If signed on behalf of the patient:

Print your name: _____

Describe your authority to act on behalf of the patient:

- Parent or legal guardian (if patient is a minor) Durable power of attorney for healthcare
- Court-appointed personal representative other: _____

Witness: _____

Date: _____

ALL HIGHLIGHTED AREAS MUST BE COMPLETED IN ORDER TO RELEASE RECORDS.