Health Record Release

AUTHORIZATION TO RELEASE, REQUEST, OR OBTAIN CONFIDENTIAL INFORMATION

٠,	, Date of Birth	n: , SSN:	,
here othe	, Date of Birtheby authorize Balanced Wellness Primary Care, LLC to er appropriate source []TO[]FROM:	[] OBTAIN [] RELEASE medical i	information via, mail, facsimile, or
	(Person(s) or Entity(s) to	receive/release requested information	on)
(Ad	dress) (City, State, Zip)) (Phone number)	(Fax Number)
l.	The individually identifiable health information to be	e obtained/released is: (Please place a	√ in appropriate space(s)).
	All Records / Information (reports, phone		
	Entire Medical chart (Specify if cover to c		Therapy notes
		• •	Medication List(s)
	X-Ray, Laboratory or other Diagnostic Re Emergency Room Records from Inpatient Records from	•	Financial Informati
	Inpatient Records from	(Dates)	
	Only the period of events from	to	(Dates)
	Only information related to (Specify)		, ,
	Other (Specify)		
-tuu	 Itional information to obtain/release: (Please place a Psychological Records / Information Alcohol, drug abuse information, etc, if present, haw. Federal regulation (42CFR part II) prohibits the undersigned, or as otherwise permitted by su prohibited without specific authorization. 	Drug / Substance Abuse has been disclosed from records whose con making any further disclosure of it without to	fidentiality is protected by Federal he specific written authorization of
	 Psychological Records / Information Alcohol, drug abuse information, etc, if present, have Law. Federal regulation (42CFR part II) prohibits 	Drug / Substance Abuse has been disclosed from records whose con making any further disclosure of it without the high regulations. Additionally further release of tion: Continued Medical Care	fidentiality is protected by Federal he specific written authorization of of HIV related information is
II.	Psychological Records / Information Alcohol, drug abuse information, etc, if present, haw. Federal regulation (42CFR part II) prohibits the undersigned, or as otherwise permitted by suprohibited without specific authorization. The purpose or need for the disclosure of information.	Drug / Substance Abuse nas been disclosed from records whose con making any further disclosure of it without the transfer of the regulations. Additionally further release of the continuet of the continue	fidentiality is protected by Federal he specific written authorization of of HIV related information is Legal Case Personal Use expiration date or specific event).
I. II.	Psychological Records / Information • Alcohol, drug abuse information, etc, if present, haw. Federal regulation (42CFR part II) prohibits the undersigned, or as otherwise permitted by suprohibited without specific authorization. The purpose or need for the disclosure of information authorization will expire on	Drug / Substance Abuse nas been disclosed from records whose con making any further disclosure of it without the tregulations. Additionally further release of the tregulations of the tregul	fidentiality is protected by Federal he specific written authorization of of HIV related information is Legal Case Personal Use expiration date or specific event). the date of signature below.) in writing. I understand that the osed in response to this nen the law provides my insurer d to Balanced Wellness Primary
I. II.	Psychological Records / Information • Alcohol, drug abuse information, etc, if present, heaw. Federal regulation (42CFR part II) prohibits the undersigned, or as otherwise permitted by surprohibited without specific authorization. The purpose or need for the disclosure of information authorization will expire on (If authorization not revoked, and no expiration/evolution will not apply to protected health information authorization. I understand that the revocation will with the right to contest a claim under my policy. I	Drug / Substance Abuse has been disclosed from records whose con making any further disclosure of it without the has been disclosed from records whose con making any further disclosure of it without the has been disclosure of it without the has been disclosure of it without the has explain:	fidentiality is protected by Federal he specific written authorization of of HIV related information is Legal Case Personal Use expiration date or specific event). the date of signature below.) in writing. I understand that the osed in response to this nen the law provides my insurer d to Balanced Wellness Primary 82.
II.	Psychological Records / Information Alcohol, drug abuse information, etc, if present, heaw. Federal regulation (42CFR part II) prohibits the undersigned, or as otherwise permitted by surprohibited without specific authorization. The purpose or need for the disclosure of information authorization will expire on (If authorization not revoked, and no expiration/evolution in the purpose of the disclosure of information authorization in the revoked, and no expiration expiration in the revocation will not apply to protected health information authorization. I understand that the revocation will with the right to contest a claim under my policy. If Care, LLC Privacy Officer at 620 Norwich New Low I understand that this practice may or may not recusing or disclosing the PHI. I further understand	Drug / Substance Abuse has been disclosed from records whose con making any further disclosure of it without the tregulations. Additionally further release of the regulations. Continued Medical Care	fidentiality is protected by Federal he specific written authorization of of HIV related information is Legal Case Personal Use expiration date or specific event). the date of signature below.) in writing. I understand that the osed in response to this nen the law provides my insurer d to Balanced Wellness Primary 82. om a third party in exchange for C may not condition treatment,
I. II.	Psychological Records / Information Alcohol, drug abuse information, etc, if present, heaw. Federal regulation (42CFR part II) prohibits the undersigned, or as otherwise permitted by suprohibited without specific authorization. The purpose or need for the disclosure of information in the purpose or need for the disclosure of information in the purpose or need for the disclosure of information in the purpose or need for the disclosure of information in the purpose or need for the disclosure of information in the purpose or need for the disclosure of information in the purpose or need for the disclosure of information in the purpose or need for the disclosure of information. This authorization will expire on information in the purpose of informa	Drug / Substance Abuse has been disclosed from records whose con making any further disclosure of it without the tregulations. Additionally further release of the regulations. Continued Medical Care Other, please explain: (Please indicate of the remaining from the revocation at any time and must do so the ready been disclosed in the revocation must be submitted and the revocation must be submitted and the revocation must be submitted that Balanced Wellness Primary Care, Links signed authorization. Of my protected health information (PHI) of the protected by the federal HIPAA privation and that the facility named above	fidentiality is protected by Federal he specific written authorization of of HIV related information is Legal Case Personal Use expiration date or specific event). the date of signature below.) in writing. I understand that the osed in response to this nen the law provides my insurer d to Balanced Wellness Primary 82. om a third party in exchange for C may not condition treatment, carries with it the potential for vacy rule.