Release of Records Request to Spring Tide Family Health

Patient Information

Name: _____ Birth Date (dd/mm/yyyy): _____

Address:_____ City: _____ State: ____ Zip: _____ Ph:(_____)_____

HEALTHCARE PROVIDER to release records:

Clinic/provider: _____

Address:_____ City: _____ State: ____ Zip: _____

Ph: (_____)_____ F: (_____)_____ Email: _____ **Purpose of Release:** ▢ Continued healthcare ▢ other _____

Dates of service requested date:_____ to date: _____ (If no date specified, most recent 2 years of medical records to be released)

▢ All medical records ▢Radiology reports: _____ ▢ Immunizations ▢Clinical Summary ▢ other: _____

PATIENT AUTHORIZATION:

▢ I understand that information released may include information regarding the testing, diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, chemical dependency or mental health and for patients ages 13-17, information regarding reproductive care. ▢ **Do not include this sensitive information**

▢ Spring Tide Family Medicine and any other entity covered by the Health Insurance Portability and Accountability Act of 1996, may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization.

▢ I may revoke this authorization in writing. If I revoke my authorization, it will not affect any actions already taken based upon this authorization.

▢ Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by this rule with the exception of the Alcohol and Drug Abuse records, which are protected by Federal Confidentiality Rules.

▢ This authorization is valid for 1 year from the date on which it was signed or on the event/date indicated here: _____

SIGNATURE: _____ DATE: _____ If personal representative*, print name and relationship: _____

MINOR SIGNATURE: _____ DATE: _____ Minor patients ages 13 to 17 must authorize the release of information related to HIV/AIDS, sexually transmitted diseases, chemical dependency, mental health and reproductive care.

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Updated: 07/12/2023