Stony Creek URGENT CARE
Medical care when you need it.

AUTHORIZATION FOR MEDICAL RECORDS RELEASE

I hereby authorize the release of information from the medical record of:

Patient Name_____ **D.O.B**_____

Social Security #_____-_____-_____

Information Release To:

_____

_____

_____

Daytime Phone#_____

Date of Service: _____

_____

_____

Please Release the Following:

____Progress Notes ____EKG Reports _____Lab Reports _____ Other (Specify) _____

____Other Diagnostic Reports (Specify) _____

Including information (if applicable) pertaining to:

_____Mental Health _____Drug/Alcohol _____HIV/AIDS__ ____Communicable Treatment

Purpose of Need for Disclosure:

_____Continued Patient Care
_____Attorney/Legal
_____ Disability Determination
_____Personal Use
_____ Insurance Claim/Application
_____ Other (Specify)

I understand that the information released is for the specific purpose stated above. Any other use of this information without the written consent of the patient is prohibited. I further understand that I may revoke this consent (in writing) at any time except to the extent that action has been taken in reliance on it. This consent will expire 90 days after the date of my signature unless otherwise specified.

_____ _____

Signature of Patient or Legal Representative **Date**

_____ _____

Relationship to Patient **Witness**

COMPLETE ONLY IF INFORMATION IS TO BE RELEASED DIRECTLY TO PATIENT:

I understand that my medical record may contain reports, test results, and notes that only a physician can interpret. I understand and have been advised that I should contact my physician regarding the entries made in my medical record to prevent my misunderstanding of the information contained in these entries.

I will not hold Stony Creek Urgent Care Center liable for any misinterpretation of the information in my medical record as a result of not consulting my physician for the correct interpretation.

_____ _____

Signature of Patient or Legal Representative **Date**

_____ _____

Relationship to Patient **Witness**

OFFICE USE

Date request completed_____ **# pages copied**_____ **Initials**_____

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