



Medical Records Request Form Authorization for Northwest Physiatry Associates to Disclose My Health Care Information

| Patient name: | Date of birth: | |
|--|---|-------------|
| Previous name(s): | | |
| CONTACT TELEPHONE NUMBER: | | |
| CONTACT EMAIL | | |
| You may use or disclose the following heal All health care information in my medical reco Health care information in my medical reco | | |
| ☐ Health care information in my record for the ☐ Other (e.g., X rays, bills), specify date(s): | date(s): | |
| You may use or disclose health care inform ☐ HIV (AIDS virus) ☐ Sexually transmitted diseases | tion regarding testing, diagnosis, and treatment for (check all that Psychiatric disorders / mental health Drug and/or alcohol use | apply): |
| Please disclose this health care information | to: | |
| Name (or title) and organization: | | |
| ☐ By fax to the following fax number: | | |
| ☐ By U.S. mail to the following address: | | |
| Address: | City: State: Zip: _ | |
| This authorization ends: ☐ In 90 days from the date signed (maximum☐ On (date): | | |
| However, I do have to sign an authorization fo To take part in a research study or | tion in order to get health care benefits (treatment, payment or enrollment): se is to create health care information for a third party. | nt). |
| based upon this authorization. I may not be all revoke this authorization are: | I, it would not affect any actions already taken by Northwest Physiatry A e to revoke this authorization if its purpose was to obtain insurance. Two ailable from Northwest Physiatry Associates, or esociates. | |
| Once health care information is disclosed, the longer protect it. | erson or organization that receives it may re-disclose it. Privacy laws m | ay no |
| Patient or legally authorized individual signature | Date Time | |
| Printed name | Relationship (parent, legal guardian, personal repre | esentative) |

Fax this request to 1-877-825-1021

Or Mail request to Northwest Physiatry Medical Records, 1170 E. 10th Street, Chico, California 95928-5934