

### AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

This authorization grants permission for the party (parties) named below to: have access to medical information, laboratory results, test findings, and telephone communication; pick up medications, referrals, and notes; be made aware of my diagnosis, prognosis, and treatment plans; and have access to my financial information.

I understand this authorization is voluntary.

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I request and authorize Rocky Run Family Medicine to release healthcare information of the patient named above to:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Check here if you do not authorize anyone else to have access to your information

I understand that this authorization will (check 1):

- Expire 1 year from the date signed by the patient
- Be effective for the lifetime of the patient unless revoked in writing
- Be effective until \_\_\_\_\_

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_

All healthcare information

Other: \_\_\_\_\_

**Definition:** Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

Yes  No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above.

Yes  No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scan in to patient's documents, in "Release of Health Information folder", name of the document is the name and relationship of person that can receive information (name "no permissions" if no one has access to patient's information)