

Authorization for the Release of Medical Information



Name: _____
Date of Birth: _____
SSN: _____

- I hereby authorize Seattle Performance Medicine to furnish records and medical information to the individual or facility listed below.
- I hereby authorize the individual or facility listed below to furnish records and medical information to Seattle Performance Medicine.

Name: _____ Phone: _____
Address: _____ Fax: _____

All information about the care of the above-named individual may be released with the following exceptions:

Specially-protected medical information. For the following information to be released the appropriate box **must** be selected.

- Pregnancy test results HIV testing results Alcohol or drug use/abuse
- Sexually transmitted disease(s) Mental health

Seattle Performance Medicine is hereby released from all legal responsibility or liability for the release of the above mentioned information. I understand that my records are protected under the Federal and State confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I have the right to withdraw this authorization at any time, except for action already taken, and that such revocation must be in writing. Further, I understand that this authorization will remain active until I provide written termination of this agreement.

I have also been advised of my right to receive a copy of this form.

- I requested and received a copy of this form. I do not request a copy of this form.

Signature: _____ Date: _____

If form is not signed by patient, indicate name & relationship of signer: _____

- Parent / guardian of minor (for care for which the minor was not permitted to consent).
- Guardian or conservator of an incompetent patient.
- Beneficiary or personal representative of deceased patient.

NOTICE TO PERSON(S) and/or ORGANIZATIONS WHO RECEIVE MEDICAL INFORMATION: REDISCLOSURE PROHIBITED. It is an expectation that you will recognize that the information disclosed to you is private information and that re-disclosure without additional patient consent (unless required by law) is prohibited.