AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Advanced Holistic Health, PLLC

Queen Anne Clinic, Seattle | Eastgate Clinic off I-90, Bellevue | Northgate Clinic off I-5, Seattle

Fax: 206-826-6399

(Name) _____ (DOB) _____

(Address) _____ (Phone) _____

_____

I authorize: _____

(Provider or Institution, City)

_____

(Phone / Fax)

To release:

- ☐ Clinic and treatment notes for the past _____ years
- ☐ ED notes, operative reports, & hospital summaries for the past _____ years
- ☐ Consultation reports for the past _____ years
- ☐ Image and radiology reports for the past _____ years
- ☐ Lab reports for the past _____ years
- ☐ Pathology reports for the past _____ years
- ☐ Other _____

Please check to authorize release for any of the following:

☐ I do ☐ I do NOT Information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV Infection

☐ I do ☐ I do NOT Psychiatric care and/or psychological assessment

☐ I do ☐ I do NOT Treatment for alcohol and/or drug abuse

RELEASE TO (by Mail or Fax): Advanced Holistic Health, PLLC
14648 SE Eastgate Way Suite A, Bellevue, WA 98007

Questions? 24/7 Phone Service: 888-508-5724 Local Clinic Line: 425-243-2441 eFax To: 206-826-6399

I hereby authorize disclosure of the health information for the above named patient to Advanced Holistic Health. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal regulations. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

_____

Signature of Patient or Legal Representative of patient Date

If signed by legal representative, describe authority to act on person's behalf: _____