

Authorization for TFPC to Disclose Health Care Information

Patient Name: _____

Date of Birth: _____

Previous Names: _____

SSN: _____

You may use or disclose the following health care information (please check one box)

All health care information in my medical records.

Specific information regarding the following issue(s) or date(s): _____

I understand that my consent is required to release health care information relating to testing, diagnosis, and/or treatment of HIV/AIDs, STDs, Mental Health, Genetic Testing and drug/alcohol use and/or abuse. TFPC is specifically authorized to release all health care information relating to such diagnosis, testing or treatment unless specified below.

DO NOT release information regarding: _____

I request and authorize:

Tumwater Family Practice Clinic

150 Dennis St SW

Tumwater, WA 98501

Phone: 360-754-6367 Fax: 360-754-6429

To release the records specified above to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Reason(s) for this authorization: At my request Changing Primary Care Providers Other _____

This authorization will expire in 90 days or upon completion. I understand I do not have to sign this authorization in order to get health care benefits. I may revoke this authorization in writing. If I did, it would not affect any actions already taken based upon this authorization. To revoke this authorization, contact TFPC to fill out a revocation form. Once health care information is disclosed, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it. If the information disclosed from TFPC was not generated by a provider of this clinic we will not be liable for the contents of those records.

Please note: If the patient is 13-17 years old, both the patient and the parent must sign.

_____ Patient Signature	_____ Date
_____ Printed Name	_____ Self Relationship
_____ Parent or Legally Authorized Individual Signature	_____ Date
_____ Printed Name	_____ Relationship to Patient