

# Eagle Creek Family Medicine

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## AUTHORIZATION TO RELEASE CONFIDENTIAL MEDICAL INFORMATION

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
E-MAIL

I hereby request that a copy or summary of my records, INCLUDING LABORATORY or X-RAY reports that you may have which contain information relevant to my present and future diagnosis and/or treatment be released.

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SPECIFIC AUTHORIZATION

Substance Abuse

Mental Health

HIV (AIDS)

**AT MY REQUEST**

Treatment Information

Test Results

**All Records**

**Other** \_\_\_\_\_

I acknowledge that data to be released may include material that is protected by federal law and that is applicable to ANY or ALL of the above. My signature below authorizes release of all such information except as otherwise specified.

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization from:

- To take part in a research study.
- or
- To receive health care when the purpose is to create health information for a third party.

I may revoke this authorization in writing. If I did, it would not affect any actions already taken by Eagle Creek Family Medicine based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Once this office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

\_\_\_\_\_  
Patient or legally authorized  
individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed name if signed on behalf  
of the patient

\_\_\_\_\_  
Relationship (parent, legal guardian, personal representative, etc.)

\_\_\_\_\_  
Witness Signature

**PLEASE MAIL OR FAX TO:**  
**Eagle Creek Family Medicine**  
**1281 E Iron Eagle Drive**  
**Eagle, ID 83616**

**Phone: (208) 939-5535**  
**Fax: (208) 939-5536**