Medical Park Family Care

Alaska's Medical Home for over 50 years

2211 East Northern Lights Blvd., Anchorage, Alaska 99508

Authorization to Use and Disclose Health Information

Patient Name (Please Print) _____ **Phone #** _____

Date of Birth _____ **Other Name(s)** _____ **Email** _____

I am the: ❑ Patient ❑ Guardian ❑ Other (Please name _____)

I hereby authorize Medical Park Family Care to: ❑ **Release or** ❑ **Request** my health information as identified below to: (One form per location)

Physician/Entity Name _____

Address _____

City, State, Zip code _____ phone/fax #_____

❑ PAPER COPY ❑ CD/DIGITAL COPY ❑ MAIL ❑ FAX ❑ EMAIL ❑ PICK UP

Purpose of disclosure: _____

I specifically authorize the use or disclosure of the following health information:

❑ Radiology Reports ❑ Radiology Films from _____ to _____
❑ Chart Notes **ALL** or from _____ to _____
❑ Lab Results **ALL** or from _____ to _____
❑ Billing Statements
❑ Other (please list) _____

Unless revoked earlier, this authorization will expire in 180 days from the date of signing.
Except to the extent that action has already been taken in reliance upon the authorization, I understand that I may revoke this authorization at any time by giving written notice. I understand that Medical Park Family Care may not condition the Patient's healthcare on this authorization except for (i) research-related treatment; or (ii) if the purpose of the healthcare is to create information for disclosure, e.g. for employment physicals or similar situations.

I understand that, if the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.
Please allow 10 working days for processing.

_____ _____
Signature of Patient of Patient's Legal Representative **Date**

_____ _____
Print name of legal representative (if applicable) **Relationship** of Legal Representative to Patient

Picture ID # _____ Released by (Employee initials) _____ Prepared by (employee initials) _____