



**Release of Records to Kachina Family Medicine**

**Patient Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle*

Other Names: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Facility Authorized to Release Information**

Release records to Kachina Family Medicine from the following facility:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_

**Information to be Released *please select one***

- Please release all records.
- Please release a 2 year abstract of my records. Includes most recent notes, labs, procedures, & testing.
- Specified date range: \_\_\_\_\_ To Include:
  - Progress Notes                       Radiology Reports                       Labs
  - Operative Reports                       Consult Reports                       Discharge Summary
  - Other: \_\_\_\_\_

**Patient Rights and Authorization**

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing and results, or AIDS information.

I understand this release of records is strictly voluntary. My treatment, payment, enrollment, or eligibility for benefits is not conditioned on signing this authorization, except to take part in a research study. I may revoke this authorization at any time in writing, but such will not have effect on actions taken prior to receiving the revocation.

This authorization will expire in 90 days from the date signed, unless specified otherwise: \_\_\_\_\_

I understand that I may obtain a copy of the information described on this form for a reasonable copy fee, if I request it. I can request a copy of this form after I sign and date it.

\_\_\_\_\_  
**Patient or Authorized Party Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Printed Name of Authorized Party**

*Parents or Legal Guardians must sign for minors under the age 18. If patient is 18 or older but unable to sign, a copy of the legal documentation for patient's authorized party must be supplied along with this form.*