



37 South 2nd East
Rexburg, ID 83440
(208) 356-0234
www.seasonsmedical.com

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

PATIENT'S FULL NAME: _____ BIRTHDAY: _____

This is to authorize that medical information regarding the above identified patient be released:

RECORDS RELEASED FROM: _____

ADDRESS: _____

PHONE: _____ FAX: _____

RECORDS RELEASED TO: _____

ADDRESS: _____

PHONE: _____ FAX: _____

COPIES OF RECORDS REQUESTED: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Last Office Visit Note |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Consultation Note |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> EKG Report |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Complete Medical Chart |
| <input type="checkbox"/> Radiology Report | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> ER Report | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lab Report | |

REASON FOR REQUEST:

- Transferring Care Another Doctor Consultation For Own Use

As a patient of Seasons Medical, you are entitled under Federal Law to access your Personal Health Information (PHI). Your records are protected and cannot be disclosed without your permission.

PATIENT'S OR GUARDIAN'S SIGNATURE: _____ DATE: _____

Please fill out, sign, and submit release form to Seasons Medical via fax or in person.

Seasons Medical Clinic Fax Numbers

Seasons Adult Medicine Fax (208) 656-8444

Seasons Women's Center Fax (208) 656-8877

Seasons Family Medicine Fax (208) 356-9141

Seasons Pediatrics Fax (208) 656-8440