

Authorization to Release Health Care Information

Patient			
	Name:		
	Maiden /Prev Name:		
	Birthdate:		
	Telephone #:		
Health Information Released	ReforMedicine, SC		
FROM	3004 Golf Road, Suite 103		
	Eau Claire, WI 54701		
	715-514-2827		
Health Information Disclosed			
TO	Name of Person/ Organization:		
10	Attn/Dept:		
	Street Address:		
	City/State/Zip:		
	City/State/Zip.		
Health Information to be	Vorbal Evebango (no e	conios)	
Released (Please circle)	Verbal Exchange (no copies) Review of Records (no copies)		
Released (Please Circle)			
	Hard Copies (charge per page) Relating to: (Illness/Injury Date)		
	Danton Distotion	Diamontina	Misselleneeus
	Doctor Dictation	Diagnostics	Miscellaneous
	Office Notes	Echos	Immunizations
	History and Physical	EKG/Tracings	Medications
	Consults	Lab(s)	HIV Test Results
		Pathology	Worker Illness/Injury
			Treatment Plan/Review
	Other (Please Specify)	:	
Purpose for Disclosure	Personal Continuity of Care		
(Please circle)	Disability		
Delivery Method	Mail		
(Please circle)	Picked up by Patient /Authorized Designee		
	Other		
Authorization / Revocation	This <u>authorization will terminate in one year</u> unless otherwised specified: This <u>authorization may be</u>		
	revoked at any time by providing a written notice of revocation to ReforMedicine, SC, except to the extent		
	that this office have already taken action in reliance on it. Information used or disclosed pursuit to this		
	authorization may be subject to re-disclosure by the reciepient and may no longer be protected by the		
	Federal Privacy Rules. I understand that ReforMedicine will not condition treatment on whether I sign this		
	authorization. I also specific ally authorize the release of my medical information created after the date of		
	my signature.		
	Signature		Date:
	Relationship to Patient (if not patient)		
	Note: An adult patient (18 years or older) must authorize the release of their own information unless		
	patient is incapacited or deceased. Legal documentation of the right of access by the signing indivdual may		
	be required. A photocopy of this authorization is as valid as the original. The patient may receive a copy of		
		• •	The patient has a right to inspect and receive a copy of the material
	to be disclosed. Linderstand that there is a charge ner nage of 10 ner nage for hard convictional to		