



AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

AB35.MED.AGR

Patient Full Name: _____

Other Names During Treatment: _____ Date of Birth: _____

Patient Address: _____

Phone Number: _____ City: _____ State _____ Zip _____

Personal Email: (if not clear will be mailed to address) _____

RELEASE INFORMATION TO: OBTAIN RECORDS FROM:

Name/Facility: _____

Address: _____ City _____ State: _____ Zip _____

Phone: _____ Fax number: _____

REASON FOR REQUEST:

- Personal Insurance Transfer of care
- Disability Legal/Law Office Other: _____

INFORMATION TO BE RELEASED:

Dates to release: FROM: _____ TO: _____ **OR** Last 2 years of medical records

My signature authorizes the release of the following records:

All Medical Records; includes Behavioral Health, HIV related tests, Alcohol and/or Substance Abuse, Billing

****If above is not authorized, choose what can be released by marking the boxes below****

- | | | |
|--|--|--|
| <input type="checkbox"/> Office Notes | <input type="checkbox"/> Radiology/Imaging Notes | <input type="checkbox"/> Behavioral Health Information |
| <input type="checkbox"/> Billing Invoices | <input type="checkbox"/> Lab tests and reports | <input type="checkbox"/> HIV, tests and related info |
| <input type="checkbox"/> Alcohol and/or Substance abuse related info | <input type="checkbox"/> Psychotherapy Notes | Other: _____ |

By signing below, I authorize Adelante Healthcare, or the above named facility, to release medical records as indicated. This request will expire 120 days from when it was signed. I understand I may revoke this authorization at any time by submitting a written notice to Adelante Privacy Officer at 3033 N Central Ave #145, Phoenix, Az 85012.

Patient Signature

Date

Parent or Legal Guardian Signature

Date

- Adelante patients will receive one (1) copy of their personal records **FREE** in a lifetime when mailed to patients home address.
- Adelante collaborates with **Sharecare Health Data Services** a national release of information specialist. Under federal and state law, Sharecare HDS is allowed to recover certain costs related to making copies of your medical records. Charges may apply outside of the one (1) free copy for personal use in a lifetime.

***Payment to ShareCare HDS must be submitted before records will be released.**