



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: _____

RELEASE RECORDS 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 All records

My signature authorizes the release of the following records:

All Medical Records; including Mental Health, HIV-related tests, Alcohol and/or Substance Abuse, Billing
If the above is not authorized, choose what can be released by marking the boxes below

- Office Notes Radiology/Imaging Notes Mental Health Information
 Billing Invoices Lab tests and reports HIV, tests and related info
 Alcohol and/or Substance abuse related info Psychotherapy Notes Other: _____

By signing below, I authorize Adelante Healthcare, Inc., 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 Medical Records at 3033 N Central Ave #145, Phoenix, AZ 85012.

Patient Signature

Date

Parent or Legal Guardian Signature

Date

- Request can be submitted to medicalrecords@adelantehealthcare.org or by fax at 623.815.9253
Minor may sign form if: emancipated, married, or for STI/Reproductive records,
If authorization is being signed by a patient's legal representative, you must provide relevant documentation authorizing you to act on the patient's behalf.
Adelante patients will receive one (1) copy of their personal records FREE in a year when mailed to patient's 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 per year.

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