

**AUTHORIZATION FORM
FOR RELEASE OF HEALTH
INFORMATION**

PATIENT NAME: (LAST, FIRST, MI) _____

DATE OF BIRTH: ____-____-____ SS#: ____-____-____
MO DAY YR

MEDICAL RECORD #: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ (DAY) _____ (EVENING)

**I HEREBY AUTHORIZE THE RELEASE OF THE
FOLLOWING INFORMATION:**

HEALTH INFORMATION TO BE RELEASED BY:	HEALTH INFORMATION TO BE RELEASED TO:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____

Purpose of disclosure: Continuing care Other: _____

HEALTH INFORMATION TO BE RELEASED:

<p>I specifically authorize release of the following information:</p> <p><input type="checkbox"/> Entire Medical Record <i>(To include information requiring special consent, you must check the boxes to the right)</i></p> <p>OR, check the appropriate boxes:</p> <p><input type="checkbox"/> Most current physical exam</p> <p><input type="checkbox"/> Most current pap result</p> <p><input type="checkbox"/> Contraception history</p> <p><input type="checkbox"/> Most current Lab reports</p> <p><input type="checkbox"/> Other: _____</p>	<p>Information requiring special consent:</p> <p><input type="checkbox"/> HIV related information (AIDS related testing)</p> <p><input type="checkbox"/> STD Results</p>
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CONDITIONS OF AUTHORIZATION

This Authorization will expire **one year** from the date signed, or before if noted: _____. I may revoke this Authorization at any time by notifying PP of The Great Northwest in writing, and it will be effective on the date notified except to the extent that PP of the Great Northwest has already acted upon such Authorization. Information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations. By authorizing this release of information, my healthcare and payment for my healthcare will not be affected if I do not sign this Authorization form. I have been offered a copy of this signed Authorization form.

Alaska Clinics:

Anchorage Clinic

4001 Lake Otis Pkwy
Anchorage, AK 99508
ph (907) 563-2229
fax (907) 563-7419

Fairbanks Clinic

1867 Airport Way
Suite 160B
Fairbanks, AK 99701
ph (907) 455-7285
fax (907) 455-7280

Juneau Clinic

3231 Glacier Highway
Juneau, AK 99801
ph (907) 523-5025
fax (907) 523-5026

Sitka Clinic

514 Lake Street
Suite B
Sitka, AK 99835
ph (907) 747-3883
fax (907) 747-8282

Soldotna Clinic

130 E. Redoubt
Soldotna, AK 99669
ph (907) 262-2622
fax (907) 262-8564

Idaho Clinics:

Boise Clinic

3668 N. Harbor Lane
Boise, ID 83703
ph (208) 376-2277
fax (208) 376-9401

Twin Falls Clinic

200 2nd Ave. N
Twin Falls, ID 83301
ph (208) 734-9555
fax (208) 734-9966

Washington Clinics:

Bellevue Clinic

1420 156th Ave. NE, Suite C
Bellevue, WA 98007
ph (425) 747-1050
fax (425) 957-1161

Bremerton Clinic

623 NE Riddell Rd.
Bremerton, WA 98310
ph (360) 373-6827
fax (360) 373-1379

Centralia Clinic

1020 W. Main St.
Centralia, WA 98531
ph (360) 330-2899
fax (360) 330-5791

Everett Clinic

1509 32nd St.
Everett, WA 98201
ph (425) 339-3389
fax (425) 259-1533

Federal Way Clinic

1105 S. 348th, Suite B-103
Federal Way, WA 98003
ph (253) 661-7002
fax (253) 661-9132

Issaquah Clinic

75 NW Dogwood St., Suite B
Issaquah, WA 98027
ph (425) 369-0301
fax (425) 369-0725

Kenmore Clinic

6610 NE 181st St., Suite 2
Kenmore, WA 98028
ph (425) 482-1122
fax (425) 482-1881

Kent Clinic

10056 SE 240th, Suite A
Kent, WA 98031
ph (253) 854-2343
fax (253) 850-2982

Lynnwood Clinic

19505 76th Ave. W, Suite 200
Lynnwood, WA 98036
ph (425) 775-3496
fax (425) 778-3866

Marysville Clinic

10210 State Ave.
Marysville, WA 98271
ph (360) 658-7871
fax (360) 658-6987

Oak Harbor Clinic

3159-A North Goldie Rd
P.O. Box 837
Oak Harbor, WA 98277
ph (360) 679-3404
fax (360) 679-4019

Olympia Clinic

402 Legion Way
Suite 201
Olympia, WA 98501
ph (360) 754-5522
fax (360) 754-5793

Puyallup Clinic

702 30th Ave. SW
Puyallup, WA 98373
ph (253) 445-7440
fax (253) 864-8548

Seattle Clinics:

Capitol Hill Clinic

2001 East Madison
Seattle, WA 98122
ph (206) 328-7700
fax (206) 328-7520

Roosevelt Way Clinic

5020 Roosevelt Way NE
Unit 1
Seattle, WA 98105
ph (206) 729-0453
fax (206) 729-0499

University District Clinic

4500 9th Ave. NE
Suite 324
Seattle, WA 98105
ph (206) 632-2498
fax (206) 633-0838

West Seattle Clinic

9641 28th Ave. SW
Seattle, WA 98126
ph (206) 935-0152
fax (206) 935-5623

Shelton Clinic

2505 Olympic Hwy. N
#400
Shelton, WA 98584
ph (360) 426-2933
fax (360) 426-1409

Silverdale Clinic

10030 Silverdale Way
Suite 106
Silverdale, WA 98383
ph (360) 662-0800
fax (360) 307-0943

Tacoma Clinic

813 M. L. King Jr. Way
Tacoma, WA 98405
ph (253) 779-3900
fax (253) 272-2718

University Place Clinic

2607 Bridgeport Way West
Suite 2G
University Place, WA 98466
ph (253) 582-4144
fax (253) 582-5370