Planned Parenthood®
Care. No matter what.

Planned Parenthood Great Plains

Send Medical Records to: _____
_____
_____

AUTHORIZATION FORM FOR RELEASE OF HEALTH INFORMATION

Patient Name: _____
Last First MI Maiden/Other Name

Date of Birth: _____ SS#:_____-_____-_____ Medical Record #:_____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone:_____

I HEARBY AUTHORIZE

Name: _____

Address: _____ City: _____ State: _____
Zip: _____

Phone: _____ Fax: _____

TO RELEASE MY HEALTH INFORMATION TO:

Name: _____

Address: _____ City: _____ State: _____
Zip: _____

Phone: _____ Fax: _____

Health Information to be released

I specifically authorize release of the following information: Dates:

- ☐ Entire Medical Record, OR (check the appropriate boxes) _____
- ☐ History and Physical Exam _____
- ☐ Progress Notes _____
- ☐ Substance Abuse (including alcohol/drug abuse) _____
- ☐ Lab Reports _____
- ☐ Mental Health (including psychotherapy note) _____
- ☐ X-Ray Reports _____

☐ HIV Related Information (AIDS related testing) _____

☐ Other: _____ _____

This authorization is made for the following purpose:

☐ At My Request, OR

☐ Specify: _____

CONDITIONS OF AUTHORIZATION

1. This authorization will expire on _____
2. I may revoke the Authorization at any time by notifying Planned Parenthood Great Plains in writing, and it will be effective on the date notified except to the extent that Planned Parenthood Great Plains has already acted upon such Authorization.
3. 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.
4. 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.
5. I have been offered a copy of this signed Authorization form.

_____ _____

Signature of Patient Date

_____ _____

Parent/Legal Guardian/Authorized Person Date

FOR OFFICE USE ONLY

Date Request Filled: _____ By: _____

Identification Presented: _____ Form of Identification: _____