

# RELEASE OF INFORMATION

## FOR DISCLOSURE OF MEDICAL INFORMATION

<b>Patient Name:</b>		<b>MRN:</b>
<b>PCP:</b>	<b>SSN:</b>	<b>Birthdate:</b>

**This is to authorize information specified below to be released by:**

**And be sent to:**

### INFORMATION TO BE DISCLOSED

**Summary of Medical History/Treatment for the last two years will be released, unless otherwise specified.**

I specifically authorize any information in the subject areas checked below to be released.  
*(complete records will not be sent unless purpose clearly demonstrates need)*

- |  |  |
|--|--|
| <input type="checkbox"/> Laboratory/Diagnostic Tests                 | <input type="checkbox"/> Mental Health Illness, treatment, and/or Assessment |
| <input type="checkbox"/> Sexually transmitted diseases               | <input type="checkbox"/> Drug and/or Alcohol Treatment                       |
| <input type="checkbox"/> HIV/AIDS (infection and/or antibody status) | <input type="checkbox"/> Other (please specify):                             |

**Purpose or need for data:**

I release Country Doctor Community Health Centers Staff and Counsel from legal responsibility that may arise from authorizing release of information. This authorization may be revoked at any time unless action has already been taken, or 90 days from this or upon the following conditions or events:

**X**

<p><b>Signature (patient/parent/guardian/representative)</b> <i>If signed by person other than patient, please provide reason and relationship to patient.</i></p>	<b>Date:</b>
	<b>Witness:</b>

**REDISCLASURE PROHIBITED:** If this information has been disclosed from records whose confidentiality is protected by State or Federal Law, these laws prohibit making any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by the State law.

MRN= Medical Records Number  
PCP= Primary Care Provider  
SSN= Social Security Number

**RETURN  
TO:**

**Country Doctor Community Clinic**  
500 19<sup>th</sup> Avenue East  
Seattle, WA 98112  
P=(206) 299-1600 Fax=(206) 299-1608

**Carolyn Downs Family Medical Center**  
2101 East Yesler Way  
Seattle, WA 98122  
P=(206) 299-1900 Fax=(206) 299-1906