

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Driver's License/ID: _____

I request and authorize _____ to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Driver's License/ID: _____

Reason for Request: _____

This request and authorization applies to:

- Healthcare information relating to the following treatment, condition or dates:

- All Healthcare information

- Other: _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.25

Yes or No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be Notified that I must give specific written permission before disclosure of these test results to anyone.

Yes or No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Payment Policy

Payment of \$16.00 is due at the time the records are released. Cash or Credit Card are only accepted

However, a provider cannot charge for copies of records needed to support an appeal for Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI) or Medi-Cal benefits, if a request for the records and proof of the appeal is given to the provider in writing. H&SC §123110(d)(1). Records must be provided within 30 days of the written request. H&SC §123110(f). Only one copy of relevant portions of the records must be provided free of charge. H&SC §123110 (d)(2). "Relevant" records are records beginning on the date of the initial application for benefits and ending when a final decision has been made on any appeal. H&SC §123110(d)(1). A provider does not have to provide records free of charge if the patient is represented by a private attorney (attorney other than a nonprofit legal services entity). H&SC §123110(d)(3). If the appeal is successful, the provider may bill the patient for the records at the rates specified above. H&SC §123110(e).

THIS AUTHORIZATION EXPIRES NINETY (90) DAYS AFTER THE DATE IT IS SIGNED

Patient Signature

Date