Minor & James
SURGICAL SPECIALISTS
A DIVISION OF PROLIANCE SURGEONS

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

_____ _____
Patient (Last Name, First name) (Alias Names)

_____/_____ _____
(Previous Last Names)

Birthdate SSN (if known) ( )_____ -_____
Phone Number

_____

Street Address Apt#/Unit City, State Zip Code

I. My Authorization:

You may use or disclose the following health care information *(check all that apply)*

___ Core Chart (See Back instructions)
___ All Health Care Information in my Medical Records (Except Items Marked Below)
___ Only Health Care Information in my Medical Records relating to the following treatment(s) or condition(s):

_____Dates: _____

Other *(e.g., X rays, bills)* specify: _____Dates: _____
Please DO NOT release information on the following (unless required by law):

___ *HIV/AIDS VIRUS*
___ *Sexual Transmitted Infections*
___ *Psychiatric Disorders/Mental Health*
___ *Drug and/or Alcohol Use*

I request and authorize:

_____

Name of Facility/ Physician/ Provider/ Other

_____

Address City, State Zip Code

To release health care information of the patient name above to:

_____

Name of Facility/ Physician/ Provider/ Other

_____

Address City, State Zip Code

Purpose or Need for this Information:_____

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment- -or enrollment). However, I do have to sign an authorization form:

To take part in a research study
To receive health care when the purpose is to create health care information for a third party.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. I may revoke this authorization in writing. If I did it would not affect any actions already taken by Minor and James Medical based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. To revoke this authorization, I must write a letter to Minor and James Medical Records Release Department.

This authorization expires 90 Days after the date it is signed. Please read the information on the back and initial the appropriate blank before signing. Possible copying fee required, excludes patient referrals.

_____ _____
Patient or legally authorized individual signature Date

_____ _____
Printed name if signed on behalf of the patient Date

Minor & James keeps a record of the health care services provided to you. You may ask to examine and/or request a copy of your records. You may also ask to correct that record.

Your records will not be released to others unless directed by you or compelled by law to do so. You may

examine your records or get information about them at:

Minor & James Surgical Specialists
First Hill Medical Building
515 Minor Avenue
Suite 130
Seattle, WA 98104
(inside the ASC Department)
Phone Number: 206-470-0609
Fax Number: 206-576-3807

Minor & James has contracted with iod Incorporated to do all copying and billing for release of information requested. The following information will be released to you or your new medical care provider at no charge:

CORE CHART (Up to 15 pages)

- *The three most recent Chart Notes*
- *The most recent History & Physical*
- *The most recent Lab Tests*
- *The most recent Radiology Reports*
- *The most recent EKG Report*
- *The most recent Problem List*
- *The most recent Medication List*
- *Any recent Special Tests or Reports*

The above information is considered sufficient for continuity of care treatment. Due to the time and cost involved in reproducing this information, if you would like all of your records released, then you will be charged at the rates set by the State of Washington (see below).

If you do request this information, you will be contacted by iod Incorporated to arrange payment.

The schedule of charges below is created and regulated by the Washington State Uniform Health Care Information Act, RCW 70.02, Section 102 (12), and an authorization does not have to be honored until the fee is paid:

$23.00 - Clerical/Search fee
$1.02 - Per page for the first 30 pages
$0.78 - Per page for additional pages over 30 pages
- Postage or Delivery-Actual Cost

Please initial one of the following:

_____ I wish to have the Core Chart copied at no cost.

_____ I wish to have my whole chart copied at the above cost.