



AUTHORIZATION TO RELEASE OR OBTAIN MEDICAL RECORDS

Patient Name: _____ Date of Birth: _____
 Address: _____ Phone: _____
 City/State/Zip _____

ONLY CHECK ONE BOX

- I give Mountain View Natural Medicine permission to **OBTAIN** my medical records from:
- I give Mountain View Natural Medicine permission to **RELEASE** my medical records to:

Provider(s) Name: _____
 Facility Name _____
 Address: _____
 Phone: _____ Fax: _____
 Reason for Transfer: _____

Please indicate what requested records are to be sent or obtained:

- All (including mental health HIV/AIDS, drug and alcohol treatment)
- Partial or Specific Records
 Regarding: _____
- Specific Date: _____ to _____
- Office Notes (excluding mental health, HIV/AIDS, drug and alcohol treatment)
- Mental Health
- HIV/AIDS Diagnosis and Treatment
- Drug/Alcohol Treatment
- Consult over phone with _____ regarding my care. (**RELEASE**)

I understand that:

- I may inspect or copy the protected health information to be used or disclosed.
- I may revoke this authorization in writing by contacting your office.
- Information released may include medical, mental health and or drug and alcohol information. I understand my records are protected under Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2 and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand I may revoke this consent at any time except to the extent that action has been taken in reliance on it. A photocopy or facsimile of this consent is as valid as the original, at my request, a copy of this form will be provided to me.

I undersigned hereby authorize Mountain View Natural Medicine to obtain/send medical information concerning the above mentioned patient.

Patient Signature: _____ Relationship to Patient: _____ Date: _____

*****We Prefer all records are faxed to (802) 497-0461*****

185 Tilley Drive, Suite 51, South Burlington, VT 05403
 302 Mountain View Drive, Suite 103, Colchester, VT 05446
 (802) 860-3366 phone (802) 497-0461 fax