AHEC Family Practice Clinic
223 East Jackson Jonesboro, AR 72401
8709720063 Fax: 8709302914

Authorization for Protected Healthcare Information Access / Release

FROM:
AHEC FAMILY PRACTICE
223 East Jackson
Jonesboro, AR 72401
Phone: (870) 972-0063
Fax: (870) 930-2914

RELEASED TO / REQUESTED FROM:
_____
_____
_____
Phone: _____
Fax: _____
Date sent / faxed:_____By:____

prenatal records __ Labs __ Ultrasounds __
all records __ Last pap __ Last Depo __
other:_____
(All hospital records will need to be requested from the hospital where services were provided.)

Information is limited to the following dates of treatment:_____

Purpose of access / release:

Treatment __ Payment __ Healthcare Operations __
Patient's request __ Other (please explain)_____

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PATIENT NAME ACCOUNT #:

SS#:
DATE OF BIRTH.

I hereby authorize the above said PHI access/release. I understand that my refusal to sign this authorization will not result in a denial of medical treatment. I agree to pay the costs of copying, supplies, labor, postage, and other expenses associated with this request as allowed by law. I understand that once the above information is disclosed, it may be re-disclosed by the designated recipient and this information may not be protected by Federal privacy laws and regulations. I understand this authorization will expire one year from the date signed. unless I specify a shorter time period. (Expiration Date:_____) However, this authorization may be revoked at any time by giving written notice to the facility. A revocation of this authorization will not apply to records already accessed/released in reliance upon the authorization. A photocopy of this signed authorization shall constitute a valid authorization. I release from legal responsibility or liability the facility, its employees, and attending physicians for the access/release of the above information to the extent indicated and authorized herein.

Patient/Personal Representative:_____

If Personal Representative, Authority of Personal Representative:_____

Witness:_____