MRE Family Care Clinic

MRE Family Care Clinic
404. E. Bloomington St, Iowa City, IA 52245
P: 319.351.1483 F: 319-351-1027
mrefamilycare.com

Authorization for Release of Medical Information

Patient Information:

First Name:_____ **M.I.** _____ **Last Name:** _____
Date of Birth : _____ **Maiden/Previous Names:** _____
Telephone Number: _____ **Parent/Guardian Name:** _____

Provider/Persons Receiving/Releasing Records:

Provider Name: _____ **Health System:** _____
Office location: _____ **City:** _____ **State:** _____

Records Should be:

	Sent to MRE Family Care Clinic from above location		Sent to above location from MRE Family Care Clinic

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Records to be Released:

	All Records		Lab Results
	Office Visits		Medication List
	Immunization Records		Problem List
	Radiology Reports		Other:

Specific Authorization for Release of Information which is further protected under State/Federal Law:

Yes	No	Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)
Yes	No	Alcohol or Substance Abuse Treatment
Yes	No	Behavioral or Mental Health Services

Purpose for Disclosure:

	New Healthcare Provider		Insurance		Legal Purposes
	Personal Use		Moving out of Area		Other Medical Care

I understand that authorizing this disclosure of health information is voluntary. I understand that I do not have to sign this form in order to receive treatment. If I wish to cancel this consent I must provide written notification to MRE Family Care Clinic. Information released prior to cancellation notice, would not be considered a breach of confidentiality. I understand that if the person or entity that receives this information is not a healthcare provider or health plan covered by federal privacy regulations, the information may be re-disclosed and no longer protected by federal privacy regulations unless otherwise prohibited from re-disclosure under other federal and or state laws or regulations.

Signature:		**Date:**	
Printed Name:		**Relationship:**	

MRE Family Care Clinic Use Only:

_____ No action needed. Store in record _____ Records to be released _____ Records to be requested
Reviewed by: _____ Date: _____