



MIDWEST HEALTH PARTNERS, P.C.
FAMILY MEDICINE & CONVENIENT CLINIC
 1410 N. 13th ST. P.O. BOX 209 NORFOLK, NE 68702
 PHONE: 402-371-0123 FAX: 402-371-5360

REQUEST FOR RELEASE OF MEDICAL INFORMATION

Make sure all information is complete to prevent a delay in release of information. **Please print.**

Patient Name : _____ Date of Birth: _____
 Address : _____ Phone: _____
 Previous Name (if applicable): _____

This will authorize **(Provider)**:

To release to **(Provider)** :

(Initial)	The following information:	Dates	
		From	To
_____	Complete medical records	_____	_____
_____	Lab reports	_____	_____
_____	X-ray reports/films	_____	_____
_____	Progress notes	_____	_____
_____	Path, Lab, EKG reports	_____	_____
_____	X-ray, EMG reports	_____	_____
_____	Other	_____	_____

For the following purpose:
 _____ To update primary M.D.
 _____ Referral to another M.D.
 _____ Want/need 2nd opinion
 _____ Changing doctor/provider due to the following:
 _____ Insurance change
 _____ Dissatisfaction with care
 _____ I am moving
 _____ Other _____

Specific Authorization for Release of Information Protected by State/Federal Law

I specifically authorize the release of data and information relating to: **(patient to initial any & all that apply)**

____ HIV/AIDS related test or information. ____ Mental Health Information. ____ Drug/Alcohol Information. ____ Sexually Transmitted Disease Information

This authorization will be valid for 90 days from the date of signature, unless specific date stated. This consent may be revoked at any time by notifying the above named provider of information. This release does not include hospital records or records we received from other physicians. This authorization is being given with the understanding that the receiver may not further disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is permitted by appropriate state/federal law.

Records may be mailed or faxed.

 Signature of Patient/Parent or Legal Guardian Relationship, if not the Parent Date: _____

OFFICE USE:

Copied By: _____ Date: _____ Date Picked Up: _____ By: _____
 Faxed: _____ Mailed: _____ Date: _____ Initials: _____