

North Star Naturopathic Medicine

The Medical Practice of Dr. Christina Caselli, ND – Mount Shasta, California

Authorization for Release of Protected Health Information Records

Patient Legal Name		Date of Birth
Address		Phone #
City	State	Zip Code

- I hereby authorize (your current Doctor's full name, address and phone number)

To disclose protected health information of the person listed above to: **Dr. Christina Caselli, ND**

Reason: To release the following protected health information:

- Type of access requested (copies of the records):

<input type="checkbox"/> Entire record	<input type="checkbox"/> Nursing notes	<input type="checkbox"/> ER records
<input type="checkbox"/> Imaging/radiology	<input type="checkbox"/> History and physical	<input type="checkbox"/> Consult reports
<input type="checkbox"/> Operative reports	<input type="checkbox"/> Rehabilitation services	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Laboratory reports	<input type="checkbox"/> Cardiac studies	<input type="checkbox"/> Demographics
<input type="checkbox"/> Progress notes	<input type="checkbox"/> Physician's orders	
<input type="checkbox"/> Medication records	<input type="checkbox"/> Other _____	

- I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV results or AIDS information.
- I understand that this authorization may be revoked by me at any time except to the extent that action has been taken in reliance upon it.
- The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected.
- I understand that there may be a fee involved with the fulfillment of this request.
- I understand that the term, **entire record**, regarding release of protected Health Information means that only records generated by the named facility will be released.
- I have read the above and authorize the disclosure of the protected health information.

Date: _____

Signature of Patient/Parent/Legal Guardian _____