

North Star Naturopathic Medicine

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

Authorization for Release of Protected Health Information Records

Form fields for Patient Legal Name, Date of Birth, Address, Phone #, City, State, and Zip Code.

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

Blank lines for signature and date.

To disclose protected health information of the person listed above to:

- Dr. Christina Caselli, ND
Other:

Reason: To release the following protected health information:

- Type of access requested (copies of the records):
Entire record, Imaging/radiology, Operative reports, Laboratory reports, Progress notes, Medication records, Nursing notes, History and physical, Rehabilitation services, Cardiac studies, Physician's orders, Other, ER records, Consult reports, Immunizations, Demographics

- 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
This document expires in 1 year from the date listed below

Date:

Signature of Patient/Parent/Legal Guardian