

Valley Internal Medicine and Pediatrics



Mark Webb, MD
 Susan Madsen, MD
 Abigail Gerken, FNP-C

10900 N. Scottsdale Rd.
 Suite 206
 Scottsdale, AZ 85254

Phone 480-991-5088 Fax 480-367-1361

Medical Records Release

Patient Name _____
 Address _____ Birth date _____
 _____ SS # _____
 _____ Phone _____

I Authorize _____ to release my medical records
 Address _____ Phone _____
 _____ Fax _____

I authorize the release of the following: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> All Records
<input type="checkbox"/> Surgery/Procedure Notes
<input type="checkbox"/> History and Physical
<input type="checkbox"/> Lab Results | <input type="checkbox"/> All records between dates ____/____/____ to ____/____/____
<input type="checkbox"/> Test results
<input type="checkbox"/> Visit notes
<input type="checkbox"/> Other: _____ |
|---|---|

Please read carefully.

- I do not authorize the release of the following information:
 Confidential information related to HIV, communicable disease, alcohol or drug use, and mental health diagnosis and treatment.

Please release my records to: Valley Internal Medicine and Pediatrics
 Address 10900 N. Scottsdale Rd., Suite 206 Phone 480-991-5088
Scottsdale, AZ 85254 Fax 480-367-1361
 Reason for Request: _____

I understand:

- I may revoke this authorization except to the extent that it has already been acted upon.
- Treatment will not be conditioned on my providing this authorization unless the provision of health care is solely for the purpose of creating protected health information for disclosure to a third party.
- Once this information is released it may be re-disclosed by the recipient and may no longer be protected information.
- I may have a signed copy of this authorization.
- This authorization will expire in **60** days.

Signature of patient or authorized guardian		Date	
Witness Signature		Date	

Please be aware that there will be a \$25.00 fee due upon request for copies of medical records.

Please allow 7-14 days for processing.