

**Office Use Only**

Date Rec'd \_\_\_/\_\_\_/\_\_\_  
Date Sent \_\_\_/\_\_\_/\_\_\_

## Authorization to Release Confidential Health Information

**I hereby Authorize:**

**To Release Information from the Health Records of:**

Name \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ ID/Soc. Sec. Number \_\_\_\_\_  
Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_ Day Phone \_\_\_\_\_

**Information to be Released:**

\_\_\_\_ Progress Notes  
\_\_\_\_ Copy of Complete Health Records  
\_\_\_\_ Lab/Test Results (specify) \_\_\_\_\_  
\_\_\_\_ X-ray Reports and/or Films (specify) \_\_\_\_\_  
\_\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_ Billing Information for Dates of Service: \_\_\_\_\_

**Information is to be Released to:**

Katherine Clements, N.D., L.M.T.  
2206 Jo An Drive suite 4  
Sarasota, Fl 34231  
ph: 941-951-6820  
fax: 941-951-6821

**Purpose of Disclosure:** \_\_\_\_\_

This authorization is valid for ninety (90) days from the date signed. I understand that I can revoke this consent at any time, unless disclosure has already occurred in compliance with this consent.

Unless specifically excluded, this authorization includes release of *especially protected information* requiring specific written consent. This includes information related to substance abuse, mental health conditions and sexually transmitted diseases including HIV.

I also understand that my information and records are protected under state and federal regulations regarding confidentiality and cannot be released or discussed without my written consent, unless otherwise provided for by law.

**I understand that if I request records for personal use, to hand-carry to another health provider, or for parties not involved in patient care, there may be a charge. There is no charge for records mailed directly to another health provider.**

**Non-emergency records release takes up to 15 working days. "Emergency" status can apply only to those records released directly to another health provider.**

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_