

# ACUPUNCTURE AND CHINESE MEDICINE CENTER

7250 France Avenue South, Suite 308, Edina MN 55435 • Phone: (952) 820-0877

## AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### ***Information to be Released From:***

Doctor/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### ***Information to be Released To:***

Acupuncture and Chinese Medicine Center

7250 France Ave So Suite 308

Edina, MN 55435

Phone Number: 952-820-0877

### ***Information to be Disclosed:***

Entire Medical Record

Progress Notes

IVF Stimulation Summary Sheet

Lab Reports (including Semen Analysis)

For the following date(s) of treatment: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

### ***Information to be Released By:***

Fax: \_\_\_\_\_

Mail

Phone

**All records pertaining to psychiatric/mental health, chemical dependency, and/or HIV/AIDS related illness/testing will be released unless otherwise indicated by a checkmark here: \_\_\_\_\_**

Please indicate any restrictions. (Specify) \_\_\_\_\_

### **The information is being requested for the following purpose:**

Continued Care

Insurance

Legal

Personal Use

Other: \_\_\_\_\_

- I understand I may revoke this authorization by written request at any time to the address listed at the top of this form. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that this authorization will automatically expire one year from the date of my signature.
- I understand that once information is released pursuant to this authorization, it may be subject to re-disclosure by the recipient to another third party.
- I understand there may be a charge associated with the Release of Information Services rendered. There is no charge for release of information to other health care facilities.

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship if not Patient