AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION



1200 12* Ave S., Suite Ört, Seattie, WA 98144 / T: 206.548.3043 / F: 206.461.8382 Patient Information Patient Information Patient Information Patient Information Patient Information Patient Information Date of Birth: / / Previous Name: Information To Be Released FROM: Information To Be Released TO: Neighborcare Health Other (see below) Name: Address: City: State: Zip: Phone: Fax: Paper CD CD Encrypted Email (enter email address): Why Is This Information Being Released? Transfer G Care Personal Use Other: Umail Altrecords for All dates of service What Type of Information Do You Want Released? Other: Most recent TB test results Other: Most recent TB test results Other (specify): Verbally discuss my medical care with the person specified above. Sensitive Information Verbally discuss my medical care with the person specified above. Sensitive Information Ve	Health Information Management Department						MEDICAL RECORD NUMBER (optional)			
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