Healthy Foster Care America

CONSENT TO RELEASE CONFIDENTIAL RECORDS OR INFORMATION

Medical Record No. or Stamp

TO: Custodian of records

_____

_____

_____

_____

FROM:

_____
Full Name of Practice

_____
Contact Person

_____
Address

_____

_____

_____ _____
Phone Fax

RE: _____ _____
Patient's Name DOB

_____
Address

For the purpose of continuity of care of the above-named patient, I _____, the above-named patient or guardian of the above-named patient, hereby grant

_____ name of practice _____

permission to release to the above designated custodian of records the items checked below:

- ❑ Summary of medical history
- ❑ Laboratory reports
- ❑ Immunization record
- ❑ Medications
- ❑ Communication necessary to coordinate ongoing care
- ❑ Other: _____

I understand that this consent allows release of the designated records for the following period:

- ❑ Until one year from today's date
- ❑ Through the current school year
- ❑ Other (*specify*): _____

I also understand I may revoke this consent in writing at any time, but that such revocation becomes effective only when received by

_____ name of practice _____

and that disclosure made before such revocation is received is not affected.

_____ name of practice _____

clinical and administrative staff maintains patient confidentiality in strict compliance with state and federal laws. These practices are supported by policies and procedures. These procedures are reviewed and, if necessary, revised on a regular basis. We will ensure that HIPAA regulations on re-disclosure are followed. However, after the information leaves this clinic, we cannot guarantee privacy protection of your health information.

Refusal to sign this request will not in any way interfere with the patient's ability to access treatment at this facility.

Signature: _____ Date signed: _____
Patient or Parent/Guardian

Printed name: _____ Witness: _____

Note to recipient of record:
Should the records contain reference to drug or alcohol abuse/treatment, the confidentiality of this information is protected by federal law (F Regulation 42CFR part 2).