

Natural Health Improvement Center
4466 Heritage Ct. SW Suite D
Grandville, MI 49418

Phone: 616-301-0808
Fax: 616-301-7887

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

*****Medical records consisting of 25 pages or more MUST be mailed to the above address. We do not have an EMR system. Thank you for your cooperation.*****

Patient Name: _____ **Date of birth:** _____

Authorized Provider and Specific Location:

I _____, hereby give my consent and authorize release or exchange of the following information from the provider listed above to the Natural Health Improvement Center at 4466 Heritage Ct. SW Unit D, Grandville, MI 49418

Information requested:

For X-Rays:

Body part - _____ **L R**

Date of service (at least month/year) _____

Disc of radiology images requested? **Provider – please mail disc to the above address**

Yes No

Information *NOT* to be Disclosed:

Reason of Disclosure: Continuing care.

The above authorization will expire one year from the date of signature, unless otherwise stated. I understand that my records are protected by State and Federal Confidentiality rules that have been presented to me in my HIPAA notice, and cannot be disclosed without my written authorization, unless release is required by other regulations. I also fully understand that I may revoke this authorization at any time in writing, except to the extent that action has already been taken. I understand that medical information may include records, if any, on psychology, social work, and information about alcohol/drug abuse, HIV, AIDS, and ARC, may be released as permitted by law. I understand that treatment, payment, enrollment, and eligibility for services will not be conditioned on signing this authorization. I understand there is a possibility the protected health information may be re-disclosed by the recipient of the information no longer protected by the Privacy Rules. I have read and fully understand the following disclosure and agree to the authorization to disclose my patient records to the above.

Patient Signature

Date

<p><u>For office use only:</u> <i>Reports/records received:</i></p> <p><i>Disc of images received (if applicable):</i></p>
