

WESTROADS MEDICAL GROUP, PC
10170 NICHOLAS STREET
OMAHA, NE 68114
(402) 391-3800
(402) 934-1678

AUTHORIZATION FOR DISCLOSURE OF PATIENT HEALTH CARE RECORD

Patient Name

Birth date

Phone Number

Account Number

1. AUTHORIZE:

2. RELEASE RECORDS TO:

3. TREATMENT DATES: _____

4. INFORMATION TO BE RELEASED:

- | | | |
|---|--|--|
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Lab Reports | <input type="checkbox"/> X-Ray & Imaging Reports |
| <input type="checkbox"/> X-Ray Films | <input type="checkbox"/> Cardiac Studies | <input type="checkbox"/> Other: _____ |

5. PURPOSE FOR DISCLOSURE:

- | | |
|--|---|
| <input type="checkbox"/> Further Medical Care | <input type="checkbox"/> Payment of Insurance Claim |
| <input type="checkbox"/> Application for Insurance | <input type="checkbox"/> Disability Determination |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Legal Investigation |
| <input type="checkbox"/> Other: _____ | |

6. This authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event or condition, **this authorization will expire in six months.**

I authorize release of my medical records in accordance with the specifications listed above. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potentials for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact WMG's, Privacy Officer.

I understand written notification is necessary to cancel this request. I understand that cancellation will not apply to any information that has already been released in response to this authorization.

SIGNATURE OF PATIENT: _____ DATE: _____

(If signed by other than patient, please state relationship and authority to do so.)

RELATIONSHIP TO PATIENT: _____ WITNESS: _____

Westroads Medical Group, PC reserves the right to charge for the copying of medical records.