



**AUTHORIZATION TO RELEASE OR OBTAIN MEDICAL RECORDS**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**ONLY CHECK ONE BOX:**

- I give Mountain View Natural Medicine permission to **OBTAIN** my medical records from:  
 I give Mountain View Natural Medicine permission to **RELEASE** my medical records to:

Provider(s) Name: \_\_\_\_\_  
Facility Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_

**Please indicate what requested records are to be sent or obtained:**

- All (including mental health HIV/AIDS, drug and alcohol treatment)  
 Partial or Specific Records  
Regarding: \_\_\_\_\_  
 Specific Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Office Notes (excluding mental health, HIV/AIDS, drug and alcohol treatment)  
 Mental Health  
 HIV/AIDS Diagnosis and Treatment  
 Drug/Alcohol Treatment  
 Consult over phone with \_\_\_\_\_ regarding my care.

**RELEASE**

I understand that:

- I may inspect or copy the protected health information to be used or disclosed.
- I may revoke this authorization in writing by contacting your office.
- Information released may include medical, mental health and or drug and alcohol information. I understand my records are protected under Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2 and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand I may revoke this consent at any time except to the extent that action has been taken in reliance on it. A photocopy or facsimile of this consent is as valid as the original, at my request, a copy of this form will be provided to me.

I undersigned hereby authorize Mountain View Natural Medicine to obtain/send medical information concerning the above mentioned patient.

Patient Signature: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*We Prefer all records are faxed to (802) 497-0461\*\*\***

185 Tilley Drive, Suite 51, South Burlington, VT 05403  
302 Mountain View Drive, Suite 103, Colchester, VT 05446  
(802) 860-3366 phone (802) 497-0461 fax