Mountain View Natural Medicine
INTEGRATIVE PRIMARY CARE

AUTHORIZATION TO RELEASE OR OBTAIN MEDICAL RECORDS

Patient Name:_____ Date of Birth:_____
Address:_____ _____Phone:_____
City/State/Zip_____

IMPORTANT: 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: REQUIRED _____
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 Date: _____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 DO NOT accept records on discs. **** We prefer all records 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