

# Embrace Wellness

1943 N Locust Grove Rd  
Meridian, Id 83646  
Phone: 208.287.8400 Fax: 208.287.8404

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

### For the Purpose of:

- Continuing Care     Ongoing Medical Care     Coordination of Care  
 Consultation     Transfer of Care

*This is to authorize that copies of medical records regarding the above stated patient be released.*

To

From

Embrace Wellness  
1943 N Locust Grove Rd  
Meridian, ID 83646  
Phone: 208.287.8400  
Fax: 208.287.8404

To

From

Office: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

*I authorize the release of photocopies of the following medical records in the possession or control of the above named "from office," to be sent to the above named "to office" for the purpose here-of "Medical Records" shall include all confidential HIV-related information (as defined in A.R.S. Section 36-661). Confidential alcohol or drug abuse related information (as defined in A.R.S. Section 42 CFR Section 2.1 ET SEQ) and confidential mental health diagnosis/treatment information.*

Lab Work

Pathology Reports

Radiology Reports

Surgery Reports

All Records LAST 24 MONTHS

Other: \_\_\_\_\_

**\*\*\*ATTENTION: the information contained in this communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, or disclosure or distribution is prohibited. If you have received this communication in error, please notify the sender immediately at 208.287.8400. Thank you for your cooperation.\*\*\***

*This consent will expire 1 year after the signed date below. I have given my consent freely, voluntarily and without coercion. I may revoke this authorization at any time providing I notify Embrace Wellness in writing to that effect. I understand that a photocopy of this authorization is considered acceptable in lieu of the original.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date