The Youth Clinic
caring for our future generations

AUTHORIZATION TO RELEASE MEDICAL RECORDS *Protected Health Information*

Patient Name: _____ DOB: _____

AUTHORIZATION

Release Medical Records ***From***:

Name: _____

Address: _____
_____

_____

Phone: _____

Fax: _____

Send Medical Records ***To***:

Name: _____

Address:

_____

Phone Number: _____

Fax Number/Email: _____

REASON FOR THIS AUTHORIZATION:

- Moving from area
- Insurance Change
- Transitioning to Adult Provider
- Personal
- Other:_____

PLEASE RELEASE THE FOLLOWING INFORMATION:

- **Basic Medical Records (**Immunization record, growth charts if applicable, office visits for the past two years)
- Just records related to specific illness, injury or disease: _____
- Other:_____
- Please let us know if you want to include records related to:
  - Psychological or psychiatric conditions (yes or no):_____
  - Alcohol and/or drug abuse (yes or no):_____
  - HIV/AIDS (yes or no):_____

A valid photo ID, of the legal guardian/parent or patient themselves if 18+ is required for release of medical records.

This authorization is valid for 90 days from the date of signature.

Patient Rights: I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment). I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the entity which was originally authorized to disclose information. Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

_____ _____

Patient (if 18 years or older), Parent or Legal Guardian Signature Date

*PLEASE READ: The Youth Clinic contracts with DataFile Technologies to copy and provide all medical records requested from our office. In the case of continuity of care or personal copy to patient, DataFile will provide records as a courtesy. DataFile Technologies reserves the right to charge the medical records state fee structure as set forth in the state statute for all other requests. Charges will be invoiced from DataFile Technologies.