



**RELEASE OF MEDICAL RECORD INFORMATION**  
Release from Family First Primary Care  
This authorization expires ninety (90) days from date of signature

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for Request:  Medical (continuing care)  Personal  
 Medical (transferring care)  Other

**I hereby authorize Family First Primary Care clinicians and staff to use or disclose my protected health information as described below:**

1. The following person, or facility may receive disclosure of my protected health information.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

2. Complete Record \_\_\_\_\_ or Partial Record \_\_\_\_\_ through \_\_\_\_\_

**ATTENTION:** Unless you sign here, no information may be released regarding **alcohol or substance abuse, HIV/AIDS, or mental health. YES, Disclose this information** \_\_\_\_\_

Signature

\_\_\_\_\_ **NO, DO NOT disclose this information**

3. I understand that my protected health information may be re-disclosed by the person/facility receiving it, and would at that time no longer be protected by federal privacy regulations.

4. I understand that I may revoke this authorization at any time by notifying Family First Primary Care practice **in writing** of my desire to revoke. However, I understand that any action already taken on reliance of this authorization cannot be reversed, and my revocation will not affect those actions.

5. This authorization expires ninety (90) days from signature or **sooner**, (1) if at any time I should revoke it, or (2) upon the occurrence of the following expiration event for which this disclosure was authorized.

**Patients requesting a permanent transfer or records or copies for personal/legal reasons may incur a charge. Record Copy Fee is \$ 0.75 per page for the first 25 pages, \$ 0.50 per page for pages 26-100, and \$0.25 for each page in excess of 100.**

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

Description of representative's authority to act for patient: \_\_\_\_\_