

Great Falls Obstetrical & Gynecological Associates
1400 29th St. S., Suite 101
Great Falls, Mt 59405
Office Phone: 406-761-7924 Office Fax:406-761-7945
Medical Records Phone:406-604-4277 Medical Records fax: 406-604-4169

CONSENT FOR RELEASE OF MEDICAL RECORDS

Patient Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone Number: _____ Previous Name(s) _____

Date Needed _____ ___ Mail ___ Pickup ___ Fax _____

From: _____ To: _____

Information to be disclosed:

Entire Medical Record [including any alcohol, drug, mental health, and HIV records which are protected by virtue of the provisions of Federal Regulations (42 C.F.R., Part2)]

OR

Specific Date(s) of treatment: _____
 Diagnosis or Condition Treated: _____
 Laboratory of X-ray Results
 Other: _____

Reason for Release of Medical Records:

Continued Medical Care For Legal Counsel For Disability Determination
 For Personal Records For Insurance Benefits Other: _____

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

I do understand I do not have to sign this authorization form in order to get health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization form to receive health care when the purpose is to create health information for a third party or to take part in a research study. I hereby authorize the release of medical records as specified above. This consent will expire 365 days (1 year) from the date shown below or specified date _____ (not to exceed 30 months). I understand I may revoke this authorization in writing at any time by sending written notification to Great Falls OBGYN Associates at 1400 29th Street South Suite 101, Great Falls, MT 59405. My notice will not apply to actions taken prior to the date they receive my written request to revoke authorization.

Signature of Patient (Guardian, if a minor)

Date

Printed name of Patient (Guardian, if a minor)

Witness

For Great Falls OBGYN Associates Use Only:

Date Released: _____ Released By: _____