

Patient Information:	Name: _____ Maiden Name/Alias: _____  Date of Birth: ____/____/____  Phone: _____
Health Information Released FROM:	Person/Organization: _____  Street Address: _____  City/State/Zip: _____  Fax: _____ Phone: _____
Health Information Released TO:	<b>DPC Medical</b> <b>28 Nathan LN N.</b> <b>E-Fax: 1-877-849-3529</b> <b>Plymouth, MN 55441</b> <b>Phone: 763-588-7099</b>
Health Information to be Released:	<input checked="" type="checkbox"/> Date of Service: <b>Last 2 Dates of Service Relating to</b> _____ _____ <input checked="" type="checkbox"/> Complete Diagnosis/Active Problem List <input checked="" type="checkbox"/> Most Recent Radiology Reports <p style="text-align: center;"><b><u>NO CD-ROM DISC! REPORT ONLY!</u></b></p>
Purpose of Release	<input checked="" type="checkbox"/> <b>Continued Care</b>
Delivery Method:	<input checked="" type="checkbox"/> <b>FAX</b>
Authorization /Revocation	This authorization will terminate in one year unless otherwise specified: _____ I understand that I may stop this release at any time by writing to DPC Health Information Management department. Once the health information has been released to another facility or provider, there is no way to cancel or stop the release. I understand that when health information is released, the information could be re-disclosed by the third party that receives it and may no longer be protected by federal or state privacy laws. I understand that DPC will not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign the consent form. I understand that I must sign this form to release my health information.  X _____ Date: _____ Signature (if signing for a minor patient, I hereby state that my parental rights have not been revoked by a court of law.)  Relationship to patient (if not patient): _____ <i>Note: An adult patient (18 years or older) must authorize the release of their own information, unless patient is incapacitated or deceased. Legal documentation of the right of access by the signing individual may be required.</i>
<b>Health Information Management- Release of Information DPC Medical</b> <b>Phone 763-588-7099 E-Fax 1-877-849-3529</b>	