

Records Release:

I _____, authorize _____ to furnish medical information to **Park Hill Family Practice**; 7548 West Sahara Avenue Ste# 101; Las Vegas Nevada 89117.
Phone 702-871-3730 Fax: 702-871-7379 www.parkhillfamilypractice.com

Information to be furnished:

My Understanding of this authorization is to be furnished by initializing the items below. I specifically authorize the release of these records, if such records exist:

All hospital records _____ Clinician office notes _____ Dental records _____ Laboratory _____

Emergency and Urgent Care _____ Pathology reports _____ X-ray reports _____

All medical records _____

By initializing the items below, I consent that the released medical records may contain information on the following:

HIV/AIDS related records _____ Mental Health Information _____ Genetic testing Information _____

Drug/alcohol diagnosis, treatment or referral information _____

Sources of information: Park Hill Family Practice may contact any physician, surgeon, dentist, hospital, rehabilitation/convalescent/custodial facility, ambulance owner, nurse, or insurance company, and provide them with a copy of this authorization in order to obtain the necessary information.

Use of provided information: Park Hill Family Practice and its representatives will use this information to verify and evaluate your records in order to determine an appropriate treatment.

Time period of this authorization: I understand this authorization will remain valid for one (1) year from the date of signature. I also understand that I can revoke this authorization at any time by notifying Park Hill Family Practice.

Facility furnishing records: Name: _____

Address _____ Phone _____ Fax _____

COPIES OF THIS AUTHORIZATION: I can request a copy of this signed authorization at any time from Park Hill Family Practice. I understand that if the person or entity that receives this information is a health care provider.

Patient Name (Print) _____ Date of Birth _____ date _____

Complete address: _____ signature _____