



Basin Clinic Inc.

421 W. Adams St

PO Box 340

Naturita, CO 81422

970-865-2665 ph

970-865-2674 fx

Providing Quality Health Care

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name _____

(Last, First, Middle)

Address _____ Date of Birth _____

City/State/Zip Code _____ SS# _____

Telephone Number _____ Mother's Maiden Name/ Other Name: _____

Date of Request _____

I authorize Basin Clinic to release information to:

Name of Provider Organization/Person: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

I authorize Basin Clinic to obtain information from:

Provider Name/Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

Purpose of Request for Information: Healthcare Insurance Coverage Personal Other _____

Information to be Released: (check all applicable boxes and initial selection as required.)

_____(Initial) All my health information pertaining to any medical history, physical condition and treatment received. OR, only the following records or types of health information and /or only on the specified date(s):

Date(s) of Treatment: _____ Type of Treatment: _____

(Inpatient, Emergency Dept. Outpatient, Other)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Emergency Room Records | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Medication Records |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Pathology Report | <input type="checkbox"/> EKG Reports | <input type="checkbox"/> Nursing Notes |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> Laboratory Report | <input type="checkbox"/> Physician Orders | <input type="checkbox"/> Radiology Film |
| <input type="checkbox"/> Consultation | | | |

_____(Initial) Other: _____

_____(Initial) Records of treatment for psychiatric or mental health illness

_____(Initial) Records of treatment for drug or alcohol abuse

_____(Initial) HIV test results or records of the diagnosis or treatment for HIV, HIV-related illness, AIDS, or AIDS-related

