

Authorization to Request Health Information

1. I authorize River Valley Birth Center (RVBC) to send the health information of the individual named below:

Client Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____ SSN _____

To Provider / To Self

Send via: Fax / Email / Paper Print Out

Provider/Clinic Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

For the Purpose of _____

1. The type and amount of information to be released to/from RVBC is as follows (specify dates where appropriate)

- Entire medical record
- Entire prenatal record for current or most recent pregnancy
- Lab results past 2 years
- Imaging/Ultrasound reports past 2 years
- Medical records from date _____ to date _____
- Other _____

I understand that the medical information released by this authorization may include information related to the treatment of physical and mental illness, alcohol/drug abuse and medical history.

I understand this authorization will expire without my express revocation, either one year from the date signed or if I am a minor, on the date I become an adult per state law. I understand that I may revoke this authorization in writing at any time except to the extent for actions that were already taken per this request. I understand that revocation will not apply to information that has already been released as specified by this request or to my insurance company when the law provides my insurer with the right to contest a claim under my policy or the policy itself.

I understand that authorization for the disclosure of this health information is voluntary and I can refuse to sign. RVBC cannot condition treatment except as otherwise permitted by law. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Signature of Patient or Authorized Personal Representative

Date

Personal Representative Name (PRINT)

Date