



### Release of Information

Authorization to Disclose, Release, and/or Obtain Protected Health Information

<b>Patient Name</b>		<b>Medical Records Number (MRN)</b>	
<b>Primary Care Provider (PCP)</b>	<b>Social Security Number</b>	<b>Birthdate</b>	

**Purpose of request:**     Attorney     Insurance     PFMLA  
 Provider     Personal     Other (specify) \_\_\_\_\_

*Requests by attorneys or law enforcement must also be accompanied by a signed Attestation Regarding Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care*

**This is to authorize information specified below to be released by:**

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**And be sent to:**

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**INFORMATION TO BE DISCLOSED**

Summary of Medical History/Treatment for the last 2 years will be released, unless otherwise specified.

This authorization permits Seattle Roots to release information related to sexually transmitted diseases, HIV/AIDS/AIDS-related illnesses, behavioral or mental health services, and treatment for alcohol and drug abuse.

Check here if any of the above information CANNOT be released.

**Conditions:** This authorization releases Seattle Roots Community Health staff and Counsel from legal responsibility that may arise from authorizing release of information. This authorization may be revoked at any time unless action has already been taken, or 90 days from this or upon the following conditions or events:

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<b>Signature</b> (If signed by parent/guardian/representative, please provide reason and relationship to patient):	<b>Witness:</b>	<b>Date</b>
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*Redisclosure prohibited: If this information has been disclosed from records whose confidentiality is protected by State or Federal Law, these laws prohibit making any further disclosure of this information without specific written consent of the person to who it pertains, or as otherwise permitted by State law*

<b>RETURN TO:</b>	Country Doctor Community Clinic 500 19 <sup>th</sup> Ave E Seattle, WA 98122 Phone: 206-299-1600 Fax: 206-299-1608	Carolyn Downs Family Medical Center 2101 East Yesler Way Seattle, WA 98122 Phone: 206-299-1900 Fax: 206-299-1997
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