Proliance SURGEONS

805 Madison St, Suite 901
Seattle, WA 98104

Patient Request for Health Information

Patient Name:_____**Date of Birth:**_____

Mailing Address:_____**City:**_____**State:**_____**Zip:**_____
Phone:_____**Email:**_____**Fax:**_____

I am requesting records from the following Proliance Surgeons location(s):
___All ___Specific: Please list:_____

I am requesting the following records:
___All Records ___Clinic Notes ___Surgery Records ___Radiology Reports
___Radiology Imaging ___Billing Statement ___Other:_____

I am requesting records for the following dates of service:
___All ___Specific Dates: From_____ To_____

I would like the records delivered by:
___Secure - Email ___Paper – Mail ___CD – Mail ___Fax ___Other:_____

I would like the information sent to:
___Self ___Another Person/Entity

If sending to another person/entity, this section is REQUIRED

Recipient Name:_____
Recipient Mailing Address:_____
Recipient City:_____**State:**_____**Zip:**_____
Recipient Fax:_____**Email:**_____

Purpose of this authorization?
___Provider ___Legal ___Insurance ___Other:_____

This authorization expires within 1 year, unless option is selected below:
___Specific date/event:_____ ___Other:_____

Please enter your name and sign below:

Patient Name or Legal Representative: _____**Relation to Patient:**_____

My Rights – I understand that I do not have to sign this authorization in order to get health care treatment or benefits. I understand that I may revoke this authorization by sending a written notice to Proliance Surgeons Release of Information. If I revoke my authorization, it will not affect any actions previously taken by Proliance Surgeons, Inc., P.S. based upon this authorization. I also understand that once health care information is disclosed, the person or organization that receives it may re-disclose it and that privacy laws may no longer be available to protect it. A copy of this request will be provided with the records.

Signature of Patient or Legal Representative:_____**Date:**_____

If signed by a legal representative, please provide supporting documentation.