SPOKANE UROLOGY, P.S.

Authorization to Release Patient Medical Information

PATIENT INFORMATION

Patient _____ Medical Record # _____

Former Name (if any) _____ Social Security # _____

Daytime Phone _____ Birthdate ____/____/____

INFORMATION TO BE RELEASED FROM:

I hereby authorize (Name of Organization) _____
to release the following medical information contained in the patient's medical record.

Address (if other than Spokane Urology) _____
Street City State Zip

INFORMATION TO BE RELEASED TO:

Name of Organization	Street Address	City / State / Zip

Purpose or need for this information is _____

TYPE OF INFORMATION TO BE RELEASED:

I. GENERAL RELEASE

TYPE OF RECORD	DATES OF TREATMENT
☐ Medical Records / Excluding Protected Records (this will be limited to 2 years of information including Lab, X-Ray reports unless stated)	From _____ To _____
Lab Results (specify) _____	From _____ To _____
☐ X-Ray Reports (specify) _____	From _____ To _____
☐ Other Records (specify) _____	From _____ To _____

II. INFORMATION PROTECTED BY STATE/FEDERAL LAW:

☐ Drug Abuse Diagnosis/Treatment*	From _____ To _____
☐ Alcoholism Diagnosis/Treatment*	From _____ To _____
☐ Mental Health Diagnosis/Treatment** (may include treatment in Pain Management and Center for Women's Health or Psychiatry)	From _____ To _____
☐ Sexually Transmitted Disease Diagnosis/Treatment or Counseling*** (includes AIDS/HIV)	From _____ To _____

PATIENT AUTHORIZATION TO RELEASE MEDICAL INFORMATION

_____ _____ _____
Date Signature of Patient or Legally Responsible Party Relationship to Patient if not Patient

AUTHORIZATION VALID FOR 90 DAYS ONLY AND MAY BE REVOKED IN WRITING AT ANY TIME PRIOR TO 90 DAYS BY NOTIFYING THE MEDICAL RECORD DEPARTMENT

(To be valid Authorization must be signed and dated. See back of form for further information)

*DRUG AND ALCOHOL ABUSE TREATMENT INFORMATION:

Federal regulations (42 CFR part 2) prohibit any further disclosure of this information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose.

This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it.

The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol of drug abuse patient. Federal regulations state that any person who violates any provision of the law shall be fined not more than $500 in the case of a first offense and not more than $5,000 in the case of each subsequent offense.
(See 42 U.S.C., 290dd-3 and 42 U.S.C., 290ee-3.)

**MENTAL ILLNESS INFORMATION:

State law prohibits any further disclosure of mental illness information without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by State Law. A general authorization to release information is NOT sufficient for this purpose.
(See RCW 71.05.390 through RCW 71.05.410.)

***SEXUALLY TRANSMITTED DISEASE INFORMATION: (Includes HIV / AIDS)

State law prohibits any further disclosure of this information without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information in NOT sufficient for this purpose. Any violation of the law is a gross misdemeanor, and the law creates civil remedies for any violation which includes a $1,000 fine for a negligent violation, a $2,000 fine for an intentional or reckless violation or actual damages, whichever is greater, and attorneys fees.
(See RCW 70.24 and WAC 248-100.)

CONSENT OF MINOR: (age 14 and above for Drug and Alcohol, and Sexually Transmitted Disease information (including AIDS/HIV); 13 and above for Mental Health information)

A minor patient's signature is required in order to release information concerning care for: (1) pregnancy termination and sexually transmitted diseases; (2) alcoholism or drug abuse; and (3) mental health conditions.