Healthworks Therapy & Nutrition Center, Inc.

Authorization to Disclose Health Information

I HEREBY REQUEST A COPY OF THE FOLLOWING PATIENT'S MEDICAL RECORD.
Full Name of Patient: _____
Maiden Name/Alias: _____
Patient's Birth Date: _____ Account #: _____

Name and address of health provider or entity to release this information:	
Name and address of person(s) or category of person to whom this information will be sent:	
Specific information to be released: ☐ Medical Record from (insert date) _____ to (insert date) _____ ☐ Entire Medical Record, including patients histories, office notes, test results, films, referrals, consultations, billing records, insurance records, and records sent to you by other health care providers.	
Reason for the release of information ☐ At request of individual ☐ Other:	Date of event on which this authorization will expire:
If not the patient, name of person signing form:	Authority to sign on behalf of patient:

The authorization must be signed and dated and may be revoked by notifying Healthworks in writing at any time except to the extent action has been taken prior to revocation. This consent will expire _____ days after the date below or sooner by my choice, in which case this consent will expire on this date or event _____.

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations. I hereby affirm that I have read and fully understand the above statements and consent to the disclosure of the medical record for the purpose and extent stated above.

Print Name: _____ Date: _____

Signed: _____ Phone: _____

If not signed by the patient, please indicate relationship:
- ☐ Parent or guardian of minor patient
- ☐ Guardian of conservator of an incompetent patient
- ☐ Beneficiary or personal representative of deceased patient

Dr. Jill M. Hutter D.C. 3525 S. Tamarac Dr. #215 Denver, CO 80237
P. (303) 779.4878 F. (303) 779.4894