INTEGRATED wellness
1301 W. Parks Highway #101 Wasilla, AK. 99654 (907) 357-7781 Fax (907) 357-7786

Authorization To Release Medical Information

1. **I want to:** ____ get my records to Integrated Wellness

   ____ get my records from Integrated Wellness

2. **I Authorize:**

Integrated Wellness
1301 W. Parks Hwy #101
Wasilla, Ak. 99654

3. To Release & Obtain Records From:

_____
_____
_____

4. **Information to be Released:** (check all applicable)

___ All health information ___ History and Physical ___ Chart notes ___ Imaging Reports ___ Lab Reports ___ Other: _____

Special Authorization: Check applicable box(es) and sign below. By signing you are authorizing the office to release all information regarding:

___ Alcohol ___ Drugs ___ Mental Health ___ Sexually Transmitted Diseases ___ HIV ___ AIDS

Patient's Signature: _____

5. **Records from:** _____ through _____ All records: _____
6. **Purpose of Disclosure:** (check applicable purpose)

__ Continued Medical Care __ Legal __ Personal __ Other: _____

7. I understand that this authorization shall be valid for one year. I understand that I may revoke this consent, in writing, at any time except to the extent that action has already been taken.
8. I understand that a reasonable fee for printed medical records may be charged. Up to 25 pages at no cost and $.50 per page for each additional page.
9. The requestor may be provided with a copy of this authorization.

Patient's Signature: _____ Date: _____
Patient's Name (Please Print) _____
Date of Birth: _____ Phone Number: _____