

Personalized HealthCare of Tucson

Phone: 520-795-4100 FAX: 520-795-4224

Request for Release of Medical Information:

Provide Your Information:

First Name	Last Name	DOB	SSN	
Address		City	State	Zip

Specify the PHC Physician you authorize to request your medical/healthcare information:

Steven A Wool, MD Aldine Chandler, MD

List the Physicians, Healthcare providers or entities that you authorize to release your Medical/Healthcare information (Attach additional sheet if needed):

Name	Address	City	State	Zip

Specify the information to be released:

- Medical records from (insert date): _____ to: _____
- Consultant notes, diagnostic, imaging or labs from (insert date): _____ to: _____
- All medical records including records related to mental healthcare, communicable disease, HIV or AIDS and treatment of drug and alcohol abuse
- All medical records with the exception of the following:
- Alcohol/Drug Treatment Mental Health Information HIV-Related Information

Specify the purpose of release of information:

Continuity of care Transfer of care At request of patient Other: _____

I understand this authorization will remain in effect until I provide written authorization stating otherwise. This authorization releases Personalized Healthcare of Tucson, its staff, employees or agents of any responsibility for information contained in such records released in case of loss or theft from our persons, or distress of any type caused to me or others. Personalized Healthcare of Tucson/Southern Arizona Internal Medicine will not be held liable for any misuse or misunderstanding of the information contained herein as a result of this release.

Patient Name (Printed)

Patient (Signature)

Date ____/____/____