Authorization to Use/Disclose Health Care Information

Toni J. Camp, MD
3 Calle San Martin
Santa Fe, NM 87506

Patient Name _____ Birth Date _____

I request and authorize Toni J. Camp, M.D. to release the health care information described below to:

Name _____

Address _____

City, State, Zipcode _____

Please initial to specifically authorize the use and/or disclosure of:

_____ Initial Psychiatric Evaluation
_____ Medication History
_____ Outpatient Progress Notes
_____ Hospital Records (nursing and progress notes)
_____ Emergency Room/Urgent Care Records
_____ Billing Statements
_____ Psychological Test Report
_____ Verbal Discussion of Case
_____ Admission Note
_____ Clinical Summary
_____ Discharge Summary

_____ Consultation Report (specify): _____
_____ Laboratory Reports (specify): _____
_____ X-ray Reports (specify): _____
_____ Other (specify): _____

Authorization Expires: _____

I understand that, unless action already has been taken in reliance on this authorization, I may revoke this authorization at any time by making a written request to Toni J. Camp, M.D.
I understand that Dr. Camp may not condition treatment, payment, enrollment or eligibility for benefits on my signing this authorization, unless my treatment is related to research and the purpose of this authorization is to enable the protected health information described above to be used for such research. I understand that information disclosed based on this authorization may be subject to re-disclosure by the recipient, and no longer protected by federal privacy regulations.

I understand that my express consent is required to release any health care information relating to testing, diagnosis and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health or drug/alcohol treatment or use.

Signature (patient or authorized representative) _____

Date _____

Relationship/Authority (if signed by authorized representative) _____

I have received a copy of this signed authorization: (please initial) ___ yes ___ no

Print Form