Dr. Carolyn McGaughey, N.D.
7105 Morro Road
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RELEASE OF MEDICAL RECORDS REQUEST

This authorization must be written, dated and signed by the patient or by a person authorized by law to give authorization. It is valid until revoked in writing. Records are requested for continuity of care. Foundations Family Wellness does not offer reimbursement for records received.

Patient Name (Please Print): ____**Date of Birth**:____/____/____

____
(Address)

____
(Phone)

Physician and Clinic: ____

____
(Address)

____
(Phone) **(Fax)**

******************** **Please release the following information:** ********************

By checking the spaces below, I authorize the above physician/clinic/hospital to release written records pertaining to the following information. I also authorize the above physician/clinic/hospital to provide the following information via telephone consultation:

________ All Medical Records Necessary for the Continuity of Care
________ Labs and Diagnostic Imaging Only
________ Other: ____

Patient Signature: ____**Date:** ____/____/____

Parent/Guardian Signature (if applicable):______________________________________**Date:** ____/____/____

**************************** **Confidential Information** *************************

I understand that certain information in these records cannot be released without specific authorization because of federal or state laws. By signing the spaces below, I specifically authorize the release of the following confidential information to Foundations Family Wellness. I also authorize the above physician/clinic/hospital to provide the following information via telephone consultation:

______________________________ HIV/AIDS test results & related information, including high risk behavior documentation.
Patient Signature

______________________________ Drug/Alcohol diagnosis, treatment, or referral information.
Patient Signature

______________________________ Mental Health information.
Patient Signature

Federal Regulation, 42 CFR Part 2, requires a description of how much and what kind of the above information is to be disclosed. Please provide a description of this information:

____
____
____

******************** **Please mail or fax as soon as possible to:** ********************

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