MONTANA

WHOLE HEALTH

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. Montana Whole Health does not offer reimbursement for records received.

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

Address:_____

Phone:_____Fax: _____

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 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 Montana Whole Health. I also authorize the above physician/clinic/hospital to provide the following information via telephone consultation:

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

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

Montana Whole Health
714 Kensington Ave
Missoula, MT 59801
Fax (406) 203-5130