



Lori D. Brown ND, MA
Park Tower III
222 NE Park Plaza Dr, Suite 111
Vancouver, WA 98684

360.882.1339
360.253.8006 fax
naturalfamilymedicine.com

Authorization for Release of Medical Information

Patient Name: _____

Phone: _____ Birthdate: _____

Please complete as much of the following information as you know:

From: _____
Doctor or Clinic Name

Street Address

Phone Number _____ Fax Number _____

To: Dr. Lori Brown—Natural Family Medicine
Park Tower III, 222 NE Park Plaza Drive, Suite 111, Vancouver, WA 98684
Phone: 360.882.1339
Fax: 360.253.8006

I understand that my consent is required for the release of my medical records under state and federal law. I hereby consent to the release of all information noted below to be used for my continued healthcare:

- ___ Chart Notes from _____ to _____
- ___ Laboratory Results from _____ to _____
- ___ Imaging Reports from _____ to _____
- ___ Other: _____

to not include disclosure of health care information regarding testing, diagnosis, and treatment for (check any health information to NOT be disclosed):

- ___ HIV (AIDS virus) ___ Sexually transmitted diseases
- ___ Psychiatric/Mental health ___ Drug and/or alcohol use

I understand that I do not have to sign this authorization in order to get health care benefits. I may revoke this authorization in writing, but such revocation would not affect any actions already taken by Dr. Lori Brown or Natural Family Medicine based upon this authorization. I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the named recipient and may no longer be protected by HIPAA's privacy rules after the authorized disclosure.

Unless I request in writing otherwise, I understand that this authorization will expire on _____. If I do not specify an expiration date or event, this authorization will expire ninety (90) days from the date on which I signed this authorization.

Signature of Patient or Legal Guardian: _____ Date: _____

Relationship (if signed by a representative): _____