



Authorization to Disclose Health Information

Discuss/ Pick up Medical Information

I authorize Valley Arthritis Care to discuss my health care information records to the following persons:

Table with 3 columns: FULL NAME, RELATIONSHIP TO PATIENT, PHONE NUMBER. Contains 4 empty rows for data entry.

Types of Information

All medical information, including but not limited to records pertaining to examinations, treatments, consultations, billing records, x-rays and reports, DEXA's, history and laboratory findings, admission and discharge reports, treatment records, diagnosis and prognosis records, nurse and physician notes, and any other non-medical information in my file.

- PICK UP OF PRESCRIPTIONS.
PICK UP OF ORDERS FOR LABS, X-RAY, MRI ETC.
PICK UP OF SAMPLES MEDICATIONS.
ONLY THE FOLLOWING TYPES OF INFORMATION.

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Today's Date: _____

Parent/Legal Guardian: _____ Today's Date: _____

This authorization shall remain valid until revoked (voided) by me in writing or signed in the box below. I wish to revoke this authorization as some or all of this information is incorrect or no longer valid. I understand I cannot make changes to this form, but I can fill out a new authorization form, I give permission for this form to be voided.

Patient Name: _____ Today's Date: _____
Patient Signature: _____ Today's Date: _____
Parent/Legal Guardian: _____ Today's Date: _____
Name of Employee voiding form: _____ Today's Date: _____

This authorization must be given to the medical records department. The medical records department will be responsible for entering the data into the computer, setting an alert and scanning this form under HIPAA Authorization. If the patient needs to make changes to this form for any reason, they will need to void this form and fill out a new form the employee must print this form from the chart and have patient sign in the revoke box. The word "VOIDED" must be written across the corner. The voided form must be given to the medical records department.

Dr. Ravi Bhalla, MD, FACR • Brady Nelson, PA • Iain Black, PA • Christina Foster, PA