



P. O. Box 1000 Draper, UT 84020 ♦ Phone (801) 260-1919 ♦ Fax (801) 260-1441

MEDICAL RECORDS RELEASE AUTHORIZATION

Patient Information

Name: _____

Phone #: _____

Date of Birth: _____

SSN : _____

Persons authorized to release information(who is releasing the records)

Name of person or organization

Phone: _____

Fax: _____

Persons authorized to receive information (who is receiving records)

Name of person or organization

☐ Fax Records: _____

☐ Email Records: _____

☐ Mail Records: _____

Purpose of Disclosure

[“At the request of the individual” when individual initiates authorization and does not provide purpose]

Information to be Used or Disclosed (check all that apply)

- ☐ Physician's progress notes
- ☐ Consultation reports and correspondence from other facilities
- ☐ Laboratory test results
- ☐ X-ray radiologist reading
- ☐ X-ray films
- ☐ Billing account history
- ☐ Other: _____

Date(s) of Service (do not leave blank)

Expiration Date of Authorization

This authorization is effective for six months unless revoked or terminated by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Medallus Medical, P.O. Box 1000 Draper, UT 84020.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent.

Name (Please Print)

Relationship to Patient

Signature

Date

Witness Signature

Date

Patient/Guarantor ID Verified By