Idaho Hand CENTER

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Name		Date of Birth	
Address	City	State	Zip
Phone Number:			

THIS IS TO AUTHORIZE THAT THE INDIVIDUALLY IDENTIFIEABLE HEALTH INFORMATION REAGRDING THE ABOVE PERSON BE RELEASED

☐TO OR ☐FROM		
☐ Jeffrey S. Boyer, M.D.	☐ Mark C. Clawson, M.D.	☐ David M. Lamey, M.D.
☐ Cara M. Lorentzen, M.D.	☐ Jayson C. Johnson, M.D.	☐ Eric Burback, OTR/L, CHT
901 N. Curtis Road, Ste 304 Boise, ID 83706 Phone: (208) 342-4263 Fax: (208) 375-0597		

☐TO OR ☐FROM			
☐ MYSELF OR	NAME:		
Address	City	State	Zip
Phone Number:	Fax Number:		
SELECT PURPOSE FOR USE OF MEDICAL RECORDS: ☐My Personal Records ☐Sharing with other healthcare providers ☐Other:_____			
Preferred Method: ☐Fax ☐Mail ☐Pick up at IHC when ready ☐Secure Patient Portal ☐Email:_____ ***Secure email services are available only through the IHC patient portal which requires an account setup and password to access records***			

Dates of Service:	☐ ALL Dates	FROM:	TO:
Information Requested:	☐ All ☐ Operative Report ☐ Chart Notes	☐ X-ray/Imaging (Films/Reports) ☐ Lab/Path	☐ Rehabilitation Notes ☐ Other:_____

DO NOT SIGN BEFORE READING THIS DISCLAIMER:

The person and/or institution providing this information is hereby released from all legal responsibility or liability for the release of the information provided. I understand that I have the right to withdraw this authorization at any time, and that such revocation must be in writing. Further, I understand that this authorization, without prior revocation, will expire 120 days from the date of signature. **Please allow Idaho Hand Center 14 business days to process your request.**

SIGNATURE:_____ Date:_____

(Patient or person giving consent if minor or not the patient)

If other than patient, indicate the relationship and reason for signing _____

CAUTION: Please be advised that release of information authorized herein may result in the waiver by the patient of certain legal rights, including the protection of the physician/patient privilege and rights under the federal alcohol and drug abuse acts, and Idaho laws relating to involuntary commitment, mental illness or privacy about tests or treatment of sexually transmitted disease and/or HIV/AIDs. If you have any question about waiving these rights, you are advised to consult your attorney.