

WAVERLY HEALTH

— C E N T E R —

- Christophel Clinic General Surgery Clinic Orthopedic Clinic
- Nashua Clinic Noah Clinic Walk-In Clinic Women's Clinic

Patient Request for Release of Clinic Information

This Authorization grants permission to the Designated Party(ies) names below to: make or confirm appointments; have access to X-ray, laboratory, or test findings; have access to telephone communication and answering machine messages as well as other common means of communication; pick up sample medications; be made aware of my diagnosis, prognosis, and treatment plans; and/or have access to my financial health information in order to assist with the management of my care. The patient or the patient's representative must check the appropriate box:

- Health Care Related Financial/Billing Related

I hereby authorize the Clinic to use and disclose my individually identifiable health information as described above. I understand that this authorization is voluntary. I understand that once this information is disclosed to the Designated Party(ies) named below, the released information may be no longer be protected by federal privacy regulations.

Patient's Name: _____ DOB: _____ SSN: _____

Designated party: _____

Relationship to patient: _____

Address: _____ Phone #: _____

Designated party: _____

Relationship to patient: _____

Address: _____ Phone #: _____

The patient, or the patient's representative, must read and initial the following statement:

Initial: _____ I understand that this authorization will be effective for the lifetime of the patient unless revoked.

Initial: _____ I understand that I may revoke this authorization at any time by notifying the Clinic in writing; however, if I do revoke the authorization, it will not have any effect on any actions taken by the Clinic prior to the receipt of the revocation.

Initial: _____ I understand that my treatment cannot be conditioned on whether I sign this authorization.

Patient or Representative Signature Date

Printed Name of Patient/ Representative