

Grant Searles, MD, FACS
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AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

For the **purpose** of: Personal (at the request of the patient) Treatment Workers Comp. Insurance
 Legal Government Other (specify) _____

Patient's Name: _____ Date of Birth: _____
Previous Name: _____ Social Security #: _____

I request and authorize release from: **Grant Searles, MD, FACS**

Release To:

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip Code: _____

For date(s) of service: _____ to _____

This request and authorization applies to:

- Emergency Reports Consultation Pathology Reports History and Physical Discharge Summary
 Laboratory Reports Radiology reports Clinic Reports Radiology Films Problem/ Medication Lists
 Immunization Chart EKG Other

I acknowledge that the data to be released MAY INCLUDE material that is protected by Federal Law. My initials and my signature below authorize release of the following type of information.

Terms:

____ I understand that authorizing the disclosure of the above information is voluntary and I need not sign this form to ensure treatment. I understand the information in my health record may include records relating to sexually transmitted diseases, drug and/or alcohol abuse treatment, psychiatric care or other sensitive information.

Expiration and Right to Revoke Authorization:

____ Except to the extent that action has already been taken in reliance on this authorization, at any time I may revoke this authorization by submitting a notice in writing to Dr. Searles office. Unless revoked earlier, this authorization will expire six months from the date on which it was signed, or upon the following **date or event:** _____

Re-Disclosure:

____ I understand that once the above information is disclosed, it may be subject to re-disclosure by the recipient and no longer protected by federal privacy laws or regulations.

HIPAA COMPLIANT

Printed Name: _____ DOB: _____
Signature: _____ Date: _____

<p>To be completed by Office Staff (document all requests) Date Received: _____ Date Completed _____ Materials Sent _____ Completed By: _____</p>
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