



NTC COMMUNITY CLINICS

PO Box 39368 | Ninilchik, AK 99639
Ph. (907)567-3970 | Fx. (907)567-3902
www.ninilchiktribe-nsn.gov

Release of Medical Information & Medical Records

I hereby authorize the use and disclosure of my individually identifiable health information, as described below. I understand that if my health information is used or disclosed, as I am requesting, the released information may no longer be protected by privacy regulations issued by the federal government.

Patient Name: _____ hereby request that

Medical Facility: _____

Provider: _____

Phone Number: _____ Fax: _____

release the requested medical records to the Ninilchik Traditional Council Community Clinics,
PO Box 39368, Ninilchik, AK 99639.

Treatment Date(s): _____ Entire Medical Record

All

Lab Reports

X-rays & Radiology Reports

Other: _____

_____ Confidential Drug/Alcohol Abuse Information

_____ Confidential Behavioral Health Documentation

_____ Confidential AIDS/HIV Information

I understand that I may revoke this authorization at any time, but that if I do revoke it, the revocation will not have any effect on any actions taken before the revocation was received.

Print) Patient Name: _____

Date of Birth: _____ Social Security Number: _____

(Print) Name of Authorized Representative or Responsible Party: _____

Signature of Patient, Authorized Representative, or Responsible Party

Date

Ninilchik

📍 15765 Kingsley Rd
☎ (907) 567-3970

Anchor Point

📍 33880 Sterling Hwy
☎ (907) 206-2733

Homer

📍 601 E Pioneer Ste A& B
☎ (907) 206-2730