

Ninilchik Community Clinics

www.ninilchiktribe-nsn.gov



Ninilchik
15769 Kingsley Road
(907-)567-3970

Anchor Point
33880 Sterling Hwy
(907)206-2733

Homer
4047 Bartlett St
(907)206-2730

Consent to release Medical and/or Financial Information to Individual

I hereby authorize the Ninilchik Traditional Council Community Clinic (NTCCC) and any of its employees, staff, or agents to disclose the below specified confidential health and/or financial information to parties specified.

Patient Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Mailing address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Release Information to: _____ Relationship: _____

Phone: _____ Date of Birth (for identity verification): _____

I am providing consent for the following information to be discussed/released to the above individual. (Please select each category you would like to approve):

- Scheduling (make and verify past, current, and future appointments)
- Financial (including balances due, past payments, charges, dates of service and insurance issues)
- Medical (speak to provider regarding treatments, medications, and all other medical issues)

I would also like the following confidential information to be released: _____ (initials)

- Confidential Drug/Alcohol Abuse Information
- Confidential Mental Health Documentation
- Confidential AIDS/HIV Information

I have the right to withdraw permission for the release of my information. If I sign this document and consent to the release of my confidential medical records, I can revoke that authorization at any time. This revocation must be made in writing and will not affect information that has already been used or disclosed. No further confidential information will be released with the execution of an additional written statement of authorization. I understand that these records are protected under federal and state law and cannot be disclosed without my consent unless otherwise provided by law.

Having read the above information, I hereby release, hold harmless, and agree not to sue the Ninilchik Traditional Council Community Clinic (NTCCC), its employees, staff, and agents in connection with the disclosure of the information set forth relating to the specified medical and financial information records.

(Print) Patient Name : _____ Date : _____

Patient Signature : _____

(Print) Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____