

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

Fax: (833)438-1910

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.

I, 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-Ray & Radiology Reports

Other:

Confidential Drug/Alcohol Abuse Information (initial)

Confidential Behavioral Health Documentation (initial)

Confidential AIDS/HIV Information (initial)

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:

Authorized Representative or Responsible Party:

Print Name

Signature of Patient, Authorized Representative, or Responsible Party

Date