

Lung & Sleep Clinic of Alaska, Inc.

2741 DeBarr Rd. C-307 Anchorage, AK 99508 907-646-2230 (Phone) 907-646-2232 (Fax)

Patient Authorization to Disclose Protected Health Information (PHI)

Note: Please fill out each section completely and inquire if you have any questions. Thank you

Legal Name of Patient: _____ **DOB:** _____

Parent or Legal Guardian (if applicable): _____

Contact Information: Address: _____

Phone: () - _____ **eMail:** _____

I authorize the Lung & Sleep Clinic of AK, Inc. to release my PHI to:

Mail USB drive to: _____

Fax To: _____

NOTE: Fax return is limited to very short record files. Most records will be mailed.

I authorize release of the following PHI:

- | | |
|---|---|
| <input type="checkbox"/> Echocardiogram Reports | <input type="checkbox"/> Office Visit Notes |
| <input type="checkbox"/> History & Physicals | <input type="checkbox"/> Pathology Reports |
| <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Sleep Study Report |
| <input type="checkbox"/> Nuclear Medicine Reports | <input type="checkbox"/> X-Ray Reports |
| <input type="checkbox"/> Lung Function Tests (PFT): _____ | <input type="checkbox"/> |

Purpose of PHI release:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Transfer/ Continuation of Care | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Legal Use | <input type="checkbox"/> Personal Use |
| <input type="checkbox"/> Other: _____ | |

This Authorization is valid for:

- A one-time disclosure for treatment received on or prior to this request.

Signature : _____ **Date:** _____

I understand that I may revoke this authorization in writing at any time. I acknowledge that records released prior to my revocation request shall not constitute a breach of my right to confidentiality. I understand this authorization will expire after a "one-time" request of records has been completed or 12 months from the date of this authorization. I hereby release the Lung & Sleep Clinic of Alaska, Inc. or _____ (originating facility, if not the Lung & Sleep Clinic of Alaska) from any legal responsibility or liability for disclosures that may arise as a result of the use of the information contained in the PHI released.