John J. Eck, M.D.
Board Certified Family Physician

David L. Gee, M.D.
Board Certified Family Physician

Julie L. Scott, MPA-C
Physician Assistant

AUTHORIZATION TO RELEASE CONFIDENTIAL MEDICAL INFORMATION

PATIENT NAME ______________________ DATE OF BIRTH ______________

ADDRESS ______________________ PHONE NUMBER ______________

CITY ____________ STATE ______ ZIP ________ E-MAIL ______________

I hereby request that a copy or summary of my records, INCLUDING LABORATORY or X-RAY reports that you may have which contain information relevant to my present and future diagnosis and/or treatment be released.

TO: Center for Lifetime Health
300 E Bannock Street
Boise, ID 83712

FROM: ______________
____
____

SPECIFIC AUTHORIZATION

Substance Abuse	Mental Health Treatment Information	HIV (AIDS) Test Results

I acknowledge that data to be released may include material that is protected by federal law and that is applicable to ANY or ALL of the above. My signature below authorizes release of all such information except as otherwise specified.

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization from:

- To take part in a research study.
  or
- To receive health care when the purpose is to create health information for a third party.

I may revoke this authorization in writing. If I did, it would not affect any actions already taken by Center for Lifetime Health based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Once this office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

______________ Patient or legally authorized individual signature

______________ Date

______________ Time

______________ Printed name if signed on behalf of the patient

______________ Relationship (parent, legal guardian, personal representative, etc.)

PLEASE MAIL OR FAX TO:
Center for Lifetime Health
300 E. Bannock Street
Boise, ID 83712

Phone: (208) 342-7400
Fax: (208) 342-1879