

# Whole Life Medicine

WASHINGTON UROLOGY AND UROGYNECOLOGY MEMBER  
12815 120<sup>TH</sup> AVE NE, SUITE E, KIRKLAND WA 98034  
P: 425.398.9355 F: 425.453.2827  
WEB: WWW.WHOLELIFEMEDICINE.NET

## Authorization to Request Confidential Medical Records

I hereby authorize:

Facility and/or Physician's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Fax \_\_\_\_\_

To release information from the health records of:

Name \_\_\_\_\_  
Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient ID/Social Sec. Number \_\_\_\_\_  
Day Phone \_\_\_\_\_

Information to be released:

\_\_\_\_ Copy of Complete Health Records \_\_\_\_\_ Billing information  
\_\_\_\_ Medical Reports Only \_\_\_\_\_ Pathology Reports  
\_\_\_\_ Lab Results Only (specify) \_\_\_\_\_  
\_\_\_\_ X-ray or Imaging Report (specify) \_\_\_\_\_  
\_\_\_\_ Other (specify) \_\_\_\_\_

Dates of treatment requested: \_\_\_\_\_

Information is to be released to: (circle)

**Serena McKenzie ND | Miranda Marti ND, LAc**  
**12815 120<sup>th</sup> Ave NE Suite E, Kirkland, WA 98034**  
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My rights: I understand I do not have to sign this authorization to receive health care benefits (treatment, payment, or enrollment). However, I do have to sign an authorization form:

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

I may revoke this authorization in writing according to patient privacy procedures. Once Whole Life Medicine, PS has disclosed health information, the recipient may re-disclose it in some situations. Privacy laws may no longer protect the information. I understand that this authorization does not permit the release of information related to health care provided to me more than ninety days after the date of this authorization. This prohibition does not extend to insurance companies.

Patient/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Minor/Witness \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Office Use Only
Date Sent ____ / ____ / ____