



Amy Nelson, ND
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 Los Angeles, CA 90048
 Phone: 323.470.0511
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RELEASE OF MEDICAL RECORDS REQUEST

This authorization must be written, dated and signed by the patient or by a person authorized by law to give authorization. It is valid until revoked in writing. Records are requested for continuity of care. Amy Nelson, ND does not offer reimbursement for records received.

Patient Name (Please Print): _____ **Date of Birth:** ___/___/___

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Physician and Clinic: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

PLEASE RELEASE THE FOLLOWING INFORMATION:

By checking the spaces below, I authorize the above physician/clinic/hospital to release written records pertaining to the following information. I also authorize the above physician/clinic/hospital to provide the following information via telephone consultation:

_____ All Medical Records Necessary for Continuity of Care

_____ Labs and Diagnostic Imaging Only

_____ Other: _____

Patient Signature: _____ **Date:** ___/___/___

Parent/Guardian Signature (if applicable): _____ **Date:** ___/___/___

CONFIDENTIAL INFORMATION:

I understand that certain information in these records cannot be released without specific authorization because of federal or state laws. By signing the spaces below, I specifically authorize the release of the following confidential information to Amy Nelson, ND. I also authorize the above physician/clinic/hospital to provide the following information via telephone consultation.

_____ HIV/AIDS test results and related information including high risk behavior documentation.
 Patient Signature

_____ Drug/Alcohol diagnosis, treatment, or referral information
 Patient Signature

_____ Mental Health information.
 Patient Signature

Federal Regulation, 42 CFR Part 2 requires a description of how much and what kind of the above information is to be disclosed. Please provide a description of this information: _____

Please mail or fax as soon as possible to:
 Amy Nelson, ND 955 Carrillo Dr. Suite #105, Los Angeles, CA 90048
 Fax: (323) 954-5807