



3875 E Overland Road
Meridian, Id 83642
Phone: 208.343.6200 Fax: 208.344.8355

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient: _____ DOB: _____

For the Purpose of:

- Personal Records Ongoing Medical Care Coordination of Care

This is to authorize that copies of medical records regarding the above stated patient be released.

To From

Les Bois Neurology 3875
E Overland Road Ste 201
Meridian, ID 83642
Phone: 208.343.6200 Fax:
208.344.8355

To From

Office: _____

Address: _____

Phone: _____

Fax: _____

I authorize the release of photocopies of the following medical records in the possession or control of the above named "from office," to be sent to the above named "to office" for the purpose here-of "Medical Records" shall include all confidential HIV-related information (as defined in A.R.S. Section 36-661). Confidential alcohol or drug abuse related information (as defined in A.R.S. Section 42 CFR Section 2.1 ET SEQ) and confidential mental health diagnosis/ treatment information.

- Lab Work Pathology Reports Radiology/EMG Reports Chart Notes
 All Records Other: _____

Imaging Specific Requests: Imaging - Report(s) | Images on Disc (must be mailed or picked up in person) | Both

*****ATTENTION: the information contained in this communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, or disclosure or distribution is prohibited. If you have received this communication in error, please notify the sender immediately at 208.343.6200. Thank you for your cooperation.*****

This consent will expire 1 year after the signed date below. I have given my consent freely, voluntarily and without coercion. I may revoke this authorization at any time providing I notify Les Bois Neurology in writing to that effect. I understand that a photocopy of this authorization is considered acceptable in lieu of the original.

Patient Signature

Date

***** Please note it may take up to fourteen (14) business days for our office to process your request. *****