



INTEGRATED FAMILY HEALTH CLINIC

3903 Colby Avenue

Everett, WA 98201

Phone (425) 258 – 2325

Fax (425) 783 – 0180

MEDICAL RECORDS RELEASE FORM

Patient Name _____

Date of Birth _____

I hereby authorize **Integrated Family Health Clinic** to request patient information from:

Name / Organization: _____

Address: _____

Phone: _____ Fax: _____

Information to be released:

You may use or disclose the following health care information (check all that apply):

_____ All my health information maintained by the above name practice

_____ My health information relating to the following treatment or condition: _____

_____ My health information for the date(s): _____

_____ Other _____

This authorization is subject to my written cancellation at any time.

Please Print Name of Patient: _____

Signature of Patient: _____

Date: _____