Acadiana Medicine Clinic, APMC
Drs. Bordelon, Nix, Santiago and Olivier
1200 Hospital Drive, Suite 4, Opelousas, LA. 70570
Phone: (337) 948-7090 Fax: (337) 942-8108

*Patient's Name_____ *Date of Birth_____

I hereby authorize and request Acadiana Medicine Clinic to release/receive copies of my medical records for the purpose of providing care.

I authorize the items checked below, from records of the following date ranges to be released:

*from_____to_____; from_____to_____

***CHECK OFF ITEMS BEING RELEASED:**

___Entire health record
___Visit/encounter notes
___Laboratory reports
___x-ray reports
___EKG(s)
___Billing records
___ Physician Orders
___ Registration Record
___ History and Physical
___ Operative Report
___ Other-Specify_____

The following information will be released when included in the above unless you indicate otherwise:

___Do not release any AIDS/HIV test results
___Do not release any records of alcohol/substance abuse treatment
___Other (specify)_____

*Authorization expiration date or event:_____

*_____ * _____
Patient's Signature Date

OR ***If patient is a minor or unable to sign for self:**

By my signature below I certify that I am the _____(relationship) of the above named patient:

***** _____ ***** _____
Signature of Patient Representative Date

*Verification identity of person to whom records are being given. Indicate method of verification:
_____ personal knowledge _____picture ID

*_____ * _____
Witness Date

You may revoke this authorization at any time, except to the extent that we have already relied upon it in making a use or disclosure. A written request to revoke an authorization may be sent to the above address.

The patient has the right to refuse to sign this authorization. Acadiana Medicine Clinic cannot condition treatment, payment, enrollment, or eligibility for benefits on the patient providing this signed authorization.

When the patient's health information is used or disclosed to this authorization, it may be subject to redisclosure by the recipient or any of its agents and/or employees and may no longer be protected by 45 C.F.R. Parts 160 and 164.

*All asterisked items must be completed. A photocopy/facsimile of this authorization may serve as an original.