



AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

NAME OF PATIENT PREVIOUS NAME IF APPLICABLE
DATE OF BIRTH DAYTIME PHONE NUMBER

I understand that once Hartwig Health,PS discloses health information, the person or organization that receives it may re-disclose it, at which time it may no longer be protected under Privacy laws. I also understand that I do not have to sign this authorization in order to get health care benefits (treatment, payment, or enrollment.) My authorization is required to receive health care when the purpose is to create health information for a third party.

SEND INFORMATION TO:

PROVIDER NAME/ORGANIZATION: HARTWIG HEALTH, PS - R. KIM HARTWIG, MD
Address: 2204 E 29TH AVE STE 202 SPOKANE,WA 99203
Phone: 509-342-7777 Fax: 509-342-7778

INFORMATION TO BE RELEASED FROM:

PROVIDER NAME/ORGANIZATION:
Address:
Phone: Fax:

PURPOSE OF DISCLOSURE: Transfer of care Specialist Personal Legal

INFORMATION TO BE DISCLOSED:

Medical records within the last 2 years
All medical records (all records archived per WA State Records Retention Guidelines)
Other (indicate specific procedures and dates of service)

DATE SIGNATURE OF PATIENT OR REPRESENTATIVE RELATIONSHIP TO PATIENT

RELEASE REQUIRING SPECIAL CONSENT: My initials and signature below specifically authorizes the release of healthcare information relating to testing, diagnosis or treatment for:

HIV/AIDS VIRUS Sexually Transmitted Disease
Mental health/Psychiatric Disorders: Drug, Alcohol Abuse/Treatment

DATE SIGNATURE OF PATIENT OR REPRESENTATIVE RELATIONSHIP TO PATIENT

CONSENT OF MINOR: A minor patient's signature is required in order to release information concerning care for: 1) conditions relating to a minor's sexuality including, but not limited to, contraception, pregnancy and sexually transmitted diseases (age 14 and above); 2) alcohol and /or drug abuse (age 13 and above); and 3) mental health conditions (age 13 and above).

DATE SIGNATURE OF PATIENT OR REPRESENTATIVE
This authorization expires 90 days after the date it is signed. This authorization may be revoked in writing or verbally as noted in the chart.