RECORDS/FILM REQUEST – AUTHORIZATION FOR RELEASE OF INFORMATION

Please Send Records/Films to:

☐ Scottsdale Office
2926 N. Civic Center Plaza
Scottsdale, Arizona 85251
Phone: 480-614-6300
Fax: 480-614-6333

☐ Glendale Office
5310 W. Thunderbird Rd., Suite 108
Glendale, Arizona 85306
Phone: 602-978-0900
Fax: 602-978-0912

☐ Yuma Office
1951 W. 25th Street, Suite F
Yuma, Arizona 85364
Phone: 928-317-9200
Fax: 928-314-1175

Patient Name: Click here to enter text. Medical Record No.: Click here to enter text. Date of Birth: Click here to enter text.

I authorize:
☐ Gordon L. Grado, MD ☐ Franklin S. Danziger, MD ☐ Michael D. Sapozink, MD ☐Michael Shea, MD
to: ☐ Obtain information from my medical record from:
☐ Release information from my medical record to:

Name: Click here to enter text. Phone No.: Click here to enter text. Fax No.: Click here to enter text.

Address: Click here to enter text.
Street City State Zip Code

Please provide the following information from my medical record:
☐ Duplicate Copy of my medical record:

☐ Other: Click here to enter text.

I hereby consent to the release of records pertaining to treatment/diagnosis of the following:
☐ Confidential Alcohol or Drug Abuse – Related Information ☐ Confidential HIV – Related Information
☐ Confidential Mental Health Diagnosis/Treatment Information
☐ Confidential Communicable Disease – Related Information

Except as follows: Click here to enter text.

The purpose of this request is for:
☐ Further Medical Care ☐ Legal ☐ Insurance ☐ Disability/Workman's Comp
☐ Radiology – All films are the property of the clinic and must be returned within 30 days

☐ Other: Click here to enter text.

I understand that this authorization shall expire, without my express revocation, six (12) months from the date written below, [sixty (60) days for drug/alcohol treatment records]. I understand that a photocopy of this authorization is considered acceptable in lieu of the original.

____Date:_______________________
Patient Signature

____Date:_______________________
Legal Representative Signature

____
PRINT: Legal Representative Relationship

____
Signature of Witness Information Prepared and Released by Date Released