



AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION

Name: _____ Date of Birth: ____/____/____

Organization/Recipient: _____

Address: _____

Phone #: _____

I authorize the above organization to release information to QueerDoc PLLC and its authorized providers:

Information to be released:

☒ Most Recent Physical with updated medical/surgical history, active medical conditions list, and medications

_____ Other:

Purpose of release:

☒ Continuing Care ☐ Legal ☐ Copies for own use ☐ Transfer to another provider

☐ Coordination with work or school ☐ Other (please specify) _____

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Signature Required for Release of Information

I understand that:

Authorizing the disclosure of this health information is voluntary. I do not need to sign this form in order to assure treatment or payment. I can cancel this authorization at any time with a written request to QueerDoc PLLC. This authorization will expire one year from the date signed below unless another date or event is entered here: _____.

Signature of Patient/Legal Representative _____

Printed name _____

Printed legal/health insurance name: _____

Relationship to patient _____

Phone number _____

Date and Time Signed _____

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.....Continue to page two only if you are under the age of 18



Release requiring specific consent

MINORS: A minor patient's signature is required in order to release the following information: 1) conditions relating to reproductive care including but not limited to, birth control and pregnancy-related services and sexually transmitted diseases, including HIV/AIDS (age 14 and older) and 2) mental health conditions (age 13 and older) and 3) Drug and alcohol abuse diagnosis or treatment (this information is subject to Federal Regulation 42 CFR Part 2).

I specifically authorize _____ to release information checked below:

☒ Reproductive care ☒ Sexually Transmitted Diseases (including HIV/AIDS)
☒ Mental Health ☒ Drug/Alcohol Abuse
☒ Gender Health

Signature of Minor Patient _____

Printed Name _____

Print legal/health insurance name: _____

Date and time _____