This version to be used after 9/20/11

PASSPORT HEALTH REQUEST FOR RELEASE OF PATIENT INFORMATION

PATIENT NAME:_____MAIDEN/PRIOR NAME:_____
DATE OF BIRTH:___/__/___SS#:_____CURRENT PHONE#_____

FROM:_Passport Health Travel Medicine Clinic
Name
4515 Poplar Avenue, Suite 507
Address
Memphis, TN 38117
City State Zip
(901) 681-2702 (Fax) (901) 681-2700 (Office)
Fax# Office #:

_____

TO: _____
Name

_____
Address

_____
City, State, Zip

_____
Fax # Office #

I PREFER TO HAVE THESE RECORDS:

☐ PICKED UP AT _____ ☐ FAXED ☐ MAILED ☐ E-MAILED
Clinic

_____
e-mail address

I hereby authorize and request the release of the following information:

_____Patient Information for visit date(s) of _____ to _____
_____Specific Lab/X-Ray/Report:_____
_____Other_____

This authorization expires on: _____(If no date is specified, this authorization will expire in 6 months)
If you **do not** wish **to release records containing** information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug and or alcohol abuse, mental illness or psychiatric treatment, please initial here_____. **Unless initialed here this information is deemed permissible to release.**
Upon request, I may limit the amount of time that this consent for release of information is valid. I may revoke this authorization in writing at any time. I understand that the revocation will not apply to information that has already been released. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization and know that I do not need to sign to assure treatment. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure by the recipient. Photocopies or facsimile of this Authorization shall be considered to be the same as a signed original document.

Signature:_____**Date**:_____

Relationship to patient (If parent or guardian):_____

This authorization conforms to the regulations promulgated under Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 19870 of Section 408 of the Drug Abuse Office and Treatment Act of 1972.