MOSES LAKE COMMUNITY HEALTH CENTER

605 S Coolidge Street ■ Moses Lake, WA 98837
1450 1st Avenue SW ■ Quincy, WA 98848
Phone: 509-764-6111 ■ Fax: 509-764-0193

Internal Use Only:
Form Received by: ______________________________
Chart #: ______________________ PCP: ___________

❑ Medical ❑ Dental ❑ Both

PERMISSION TO OBTAIN RECORDS

Patient's Name: ____ Birth Date: __________________
(***Please Print***) LAST FIRST MI

Other name your record might be listed under: ______________________________ Phone #: ________________

List any individuals permitted to request information from your medical record.

Name *(please print)*	**Relationship to Patient**	**Expiration Date (not to exceed 1 year)***

*If date is not specified authorization will expire 1 year from the date signed.

Sensitive Information: This authorization includes the release of the following sensitive information unless specifically excluded. Please check if you **DO NOT** want this released: ❑ Mental Health ❑ HIV/AIDS ❑ Sexually transmitted diseases ❑ Drug and alcohol treatment ❑ Reproductive care (minors only) ❑ Other:

We will continue to rely on the information on this form unless you request changes. It is your responsibility to immediately notify us of a divorce, legal separation, change in custody arrangement, or any other circumstance which may alter this authorization.

To revoke or alter this authorization, at any time, please send a written request to Moses Lake Community Health Center.

Patient signature: ____ Date: ______________________

Or parent/legal guardian: ____ Date: ______________________

Relationship to patient, if other than patient: ____

(You may be required to provide legal documentation as proof for power of attorney or guardianship)

As a courtesy, Moses Lake/Quincy Community Health Center is able to provide translation of this document in Spanish or Russian. We require your signature on the English version of this document to place and maintain in your permanent medical/dental record. *Patient received translation of this form in ❑ Spanish ❑ Russian by:* ______________________