



Advanced Mobile Healthcare, LLC  
9505 West Central, Ste 104  
Wichita, Ks. 67212  
(316) 312-0002  
Fax: (316) 854-5644  
amhcare.com

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

Specified medical information will be released for the patient as indicated below, upon appropriate completion of this authorization.

\_\_\_\_\_  
Last Name                      First Name                      MI                      Maiden/Other Name                      Date of Birth

\_\_\_\_\_  
Street Address                      City                      State/Zip                      Phone Number

In making a request for medical information, please check one of the two options below:

- You are the patient, the patient’s designated personal representative or the patient’s guardian.
- You are affiliated with Advanced Mobile Healthcare and so authorized to request medical information on behalf of the patient for further treatment. **NOTE** : Healthcare providers may request medical information from another provider for further treatment as codified at *45 CFR 164.506(b)2 and (c)2* of the HIPAA Privacy Rule.

The information to release will cover the period from \_\_\_\_\_ to \_\_\_\_\_

Purpose of release (**REQUIRED**):  Continuation of Care     Personal Reasons     Insurance     Legal  
 Other (fill-in): \_\_\_\_\_

Release the information from:

Disclose the information to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_

Name: Advanced Mobile Healthcare, LLC  
Address: 2020 N. Tyler, Ste. 112  
Wichita, Ks. 67212  
Fax: (316) 854-5644

Requested medical information (Either check complete **OR** check only those that apply)

- Complete Medical Records, including any/all records received by other healthcare providers
- Clinic Notes                       EEG, EKG, Stress Test                       Immunizations                       Operation Report(s)
- Consultation Notes                       Emergency Room Record                       Itemized Bill(s)                       Pathology Reports
- Disability/FMLA Forms                       Endoscopy                       Laboratory Reports                       Radiology Reports
- Discharge Summary                       History & Physical                       Medications
- Other (specify): \_\_\_\_\_

**NOTE:** While Advanced Mobile Healthcare, LLC makes every effort to protect the privacy of your medical information, please note that release of your medical information to the authorized person or organization could be the subject of re-disclosure by the recipient and therefore may no longer be protected by the Health Insurance Portability and Accountability Act (“HIPAA”) or other federal or state laws.

- Records related to HIV status may not be release unless the individual has signed a separate release specific to HIV related information. 5 U.S.C. §19203-D.
- Psychotherapy notes may not be release unless the individual has signed a separate release specifying that such notes may be released. 45 CFR § 164.508 (b)(3)(ii).
- Drug or alcohol records may not be release unless authorization specifies extent and nature of records to be released. 42 U.S.C 290dd-3; 42 U.S.C. 290ee-3; 42 CFR, Part 2.
- This authorization expires one year from date of signature.

X \_\_\_\_\_  
Signature of Patient/Parent/Guardian

Date: \_\_\_\_\_