



P.O. Box 337 Layton, UT 84041

records@tannerclinic.com

(801) 773-4840 Ext. 3369 – Phone / (801) 525-8194 - Fax

Authorization for Disclosure of Protected Health Information from Tanner Clinic

** ONE PATIENT PER REQUEST FORM. EACH PATIENT REQUEST IS TO BE MADE SEPARATELY **

HIPAA guidelines define patient records as protected and cannot be disclosed without written permission. The patient is not required to sign this authorization in order to receive treatment, payment, enrollment in a health plan, or eligibility for benefits. This authorization expires upon fulfillment of this request.

Allow 7 business days for your request to be processed.

All necessary information, including signature and date, must be filled out in order to fulfill your request

Request for Disclosure of Health Records of:

Name of Patient, Previous other name, maiden name, etc, Address, City, State, Zip, Date of Birth, Medical Record#, Phone #, Email, Last 4 Digits of SSN

Information Requested:

** Notice: All requests resulting in over 250 pages will be placed on a CD or emailed as a digital file**

Immunizations

Date Range: Select only ONE option: All Records Last 1 Year, All Records Last 2 Years, All Records Last 5 Years

OR For Which Specific Date(s)-[Do not list 'All'] For Which Specific Doctor/Specialty[Do not list 'All']

- Office Visit Notes, Lab Reports, Cardiac Reports (EKG, Stress), Surgical Reports, Reports -X-Ray, CT, MRI, Other

Reason for Disclosure:

To be sent to another doctor by Tanner Clinic, Military Transfer, For Own Use, Other

Records Are To Be Disclosed/Sent To:

Name, Address, City, State, Zip, Relationship to Patient, Phone #, Fax #, Email

Method of Disclosure: Pick Up - Specify: Layton or Kaysville, Email, CD, Mail, Fax

I hereby release the above-named facility or doctor(s) from all legal liability that may arise from the release of this information. I acknowledge that records to be released may include material that is protected by Federal Regulation 42 CFR, Part 2, including HIV/AIDS Testing information, drug/alcohol information, and mental health information.

Signature of Patient Requesting Records (or representative & relation if patient is a minor)

Print Name of Patient (or representative & relation if patient is a minor)

Date of Request

Signature of Clinic Staff Accepting This Request

Sign When Records Are Picked Up At Tanner Clinic: Signature of Patient Receiving Records, Date of Receipt, Signature of Clinic Staff Issuing Records, Type of I.D. Checked: D.L., Other