



REQUEST/RELEASE FOR MEDICAL RECORDS

I hereby authorize the use or disclosure of my identifiable health information (medical records and test results, including HIV test results) as described below. I understand that if the organization authorized to receive the information is not an insurance company or healthcare provider, the released information may no longer be protected by federal privacy regulations.

Information to be Released

To From **ALL Mail and Fax Correspondence should be directed to:**

Advanced Fertility Care, PLLC
9819 North 95th Street, Suite 105
Scottsdale, AZ 85258

Phone: (480) 874-2229
Fax: (480) 874-2231

To From

NAME/MEDICAL FACILITY:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
TELEPHONE NUMBER:	FAX NUMBER:

All available records Past 12 months from _____ to _____

Please specifically include:

Purpose of Disclosure

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Medical Review | <input type="checkbox"/> Personal Use |
| <input type="checkbox"/> Transfer of Care | <input type="checkbox"/> Legal Review |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Other _____ |

I release you, your physicians, and employees from liability for following this authorization and request. I understand that it may take up to 15 business days for completion of this transaction.

I understand that I will ONLY be given copies of records created or ordered by this office. If you need records from other physicians, offices, or laboratories, please contact those offices for copies.

I understand that it is the policy of this office (Advanced Fertility Care) to release medical records directly to the patient. The fees charged by this office are set by the Arizona State Board of Medical Examiners. The first request for medical records is at no charge. Subsequent requests will be assessed a fee.

Patient's Name: _____
First Middle/Maiden Last

Address: _____
Street City State ZipCode

Date: _____ Patient Signature: _____ DOB: _____

Office Use:	<input type="checkbox"/> Faxed	AFC Staff: _____	Date: _____
Approved: _____ Date: _____	<input type="checkbox"/> Mailed		
		<input type="checkbox"/> Picked Up By _____	

Scottsdale
9819 North 95th St, Ste. 105
Scottsdale, AZ 85258

Phoenix
1701 E. Thomas Rd, Suite 202
Phoenix, AZ 85016

South East Valley
1550 S. Alma School Rd, Ste 100
Mesa, AZ 85210