



Douwe Rienstra, MD

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MEDICAL RECORDS RELEASE FORM

I authorize _____ to furnish the following to Dr Rienstra

- | | |
|-------------------------------|------------------------------------|
| _____ All medical information | _____ Consultation reports |
| _____ Diagnostic Studies | _____ Hospital discharge summaries |
| _____ Lab Results | |

Concerning _____ Date of Birth _____
(Name)

PATIENT AUTHORIZATION:

I waive on behalf of myself and any persons who may have an interest in the matter, all provisions of law relating to the disclosure of such information.

I understand that I do not have to sign this authorization in order to get healthcare benefits (treatment, payment, enrollment or eligibility for benefits.)

I understand that my records may contain information protected by law regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I specifically authorize these records to be released.

EXCLUDE THE FOLLOWING FROM RECORDS RELEASED:

- _____ drug/alcohol diagnosis, treatment, and referral
- _____ HIV test results and information on this and other sexually transmitted diseases
- _____ mental health treatment

This authorization expires _____ (date or event). Authorization will expire in 90 days if not otherwise specified.

Signed _____
(Patient or Guardian)

Witness: _____ Date _____

Release of patient records to consulting physicians or medical providers

To enable consulting physicians or medical care providers to have access to my medical records, I give Dr Rienstra permission to transmit my pertinent records regarding

_____ medical problem

to all such physicians or providers until (date) _____

(Patient or Guardian) Witness Date
=====

I give Dr Rienstra permission to transmit pertinent records regarding

_____ medical problem

to all such physicians or providers until (date) _____

(Patient or Guardian) Witness Date
=====

I give Dr Rienstra permission to transmit pertinent records regarding

_____ medical problem

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