

# Vista Family Health

## CONSENT FORM TO OBTAIN CONFIDENTIAL MEDICAL INFORMATION

I, \_\_\_\_\_ DOB: \_\_\_\_\_  
Patient's legal name / other names used

<b>FROM:</b> (WHERE RECORDS CURRENTLY ARE)	<b>TO</b> (WHERE YOU WANT RECORDS TO GO)
Name of Organization: <b>VISTA FAMILY HEALTH</b>	Name of Organization: _____
Address: 7201 W. GRANDRIDGE BLVD SUITE 101	Address: _____
City: KENNEWICK ST: WA Zip: 99336	City: _____ ST: _____ Zip: _____
PH: 509-735-2325 Fax: 509-735-3222	PH: _____ Fax: _____

### INFORMATION TO BE RELEASED: (SEE ATTACHED LIST TO TRANSFER)

\_\_\_\_\_ **Chart Summary**  
\_\_\_\_\_ **Specific Information i.e.: labs, x-rays etc.....** \_\_\_\_\_  
Dates please

### FOR THE PURPOSE OF:

Transferring Medical Care: \_\_\_\_\_ Moving out of area: \_\_\_\_\_  
Referring to another Dr: \_\_\_\_\_ Insurance change: \_\_\_\_\_  
Dissatisfied with care: \_\_\_\_\_ other: \_\_\_\_\_

**I realize that my specific consent is required to release certain information that may be in my record. I specifically authorize the release of the following information: Please Initial**

SEXUALLY TRANSMITTED DISEASE \_\_\_\_\_ DRUGS/ALCOHOL HISTORY \_\_\_\_\_  
MENTAL HEALTH/PSYCHIATRIC DISORDERS \_\_\_\_\_ HIV/AIDS INFORMATION \_\_\_\_\_  
PHYSICAL ABUSE \_\_\_\_\_ OTHER \_\_\_\_\_

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

**CONSENT OF MINOR: A minor patient's signature alone is required in order to release information concerning care for: (1) conditions relating to the minor's sexuality including, but not limited to : family planning and sexually transmitted diseases (age 13 and above); (2) Alcoholism and/or drug abuse (age 13 and above); and (3) mental health conditions (age 13 and above).**

**Signature of minor patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that an administrative charge may be required at the time of request. I also understand that there may be additional copy charges associated with my request for records.

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

**This authorization expires 90 days after the date signed**