Pleasant Grove Office	Lindon Office	Mountain Point Office
830 North 2000 West	275 West 200 North	3000 N Triumph Blvd, Suite 220
Pleasant Grove, UT 84062	Lindon, UT 84042	Lehi, UT 84043
Phone: 801-443-1134	Phone: 801-796-1333	Phone: 801-753-4650
Fax: 801-769-2599	Fax: 801-795-0625	Fax: 801-753-4651

Medical Records Release

MRN: ________________________ Date: _____________________________
(Office Use Only)

____ ____
Name (Please Print) Date of Birth

____
____
Address City State Zip

authorizes Premier Family Medical:

☐Release medical information to: ☐Obtain medical information from:

____ ____
Name Address

____ ________________________ _____________________________________
City State Zip

____ ____
Telephone Fax

The information released will be used for the following purpose: ____

I specifically authorize the release of the following: Entire Record Yes____ No____ only the items listed below:

____Visit/Encounter Notes ____Lab Report ____EKG Report ____X-Ray Report ____Operative Report
____ History and Physical ____Drug/Alcohol Abuse Treatment ____Psychiatric and Mental Illness Treatment
____Human Immunodeficiency Virus (HIV) Antibody Test, Results, and Treatment ____Chart Summary

Other - Specifically____

Dates of service: from________________________ to _________________________ (if left blank will release 2 years only)

I expressly and voluntarily authorize disclosure of the above medical record for the purposes stated above. I further Understand that I am not giving permission for any disclosure other than described above. I understand that I may revoke this authorization at any time, except to the extent action has been taken on this authorization.

This authorization of release is in effect until_____________________________, at which time this authorization to use or disclose Protected Health Information expires. If no date given, this authorization will expire in 60 days.

I understand that I have the right to revoke this authorization in writing by sending notification to:

Premier Family Medical Attn: Compliance Officer
830 N 2000W
Pleasant Grove, UT 84062

Premier Family Medical will not condition my treatment or payment on whether I provide an authorization for the requested use or disclosure.

I understand I have the following rights: To inspect or copy the Protected Health Information to be used or disclosed or to refuse to sign this authorization.

____ ____
Signature (Patient or Personal Representative) Date

____ ____
(Please print name) Relationship to Patient

MEDICAL RECORDS RELEASE POLICY

Dear Patient:

We have many requests from patients regarding information in their medical chart. We want to accommodate your request, especially in urgent situations, as expediently as possible.

You may be asked to sign a "release or request for information" form to allow us to send or request medical records.

In order to comply with the request for copies of your medical records, we may need to obtain authorization from your physician to release the information in your chart. If your physician is out of the office it may require waiting to obtain the authorization until he/she returns.

We are currently under contract with a private copying service, CIOX Corporation, who copies and bills for some medical records. Premier Family Medical charges $10.00 for the first 20 pages and $.10 per sheet per page thereafter.

To protect your privacy, only the actual patient or patient's guardian will be allowed to pick up the records. It is also necessary to have a photo identification card.

Any questions may be directed to our medical records department.

Thank you for your cooperation.

Premier Family Medical