

**Mid-Iowa
FERTILITY**

Extraordinary Care...
Extraordinary Results

**Authorization for Release of
Protected Health Information (PHI)**

PATIENT LAST NAME: _____ PATIENT FIRST NAME _____
PATIENT DATE OF BIRTH _____ SSN #: _____
TELEPHONE NUMBER () _____

I hereby request that **Mid-Iowa Fertility** release/disclose my protected health information via mail/fax (circle one) to:

Name: _____
Address: _____
City, State, Zip Code _____
Phone: () _____ FAX: () _____

The information released shall include (check that which applies):

_____ My entire medical record (no more than the past 5 years, unless otherwise specified)
_____ Portions of my medical records pertaining to: _____
_____ A specific date of service or test result: _____
_____ Other: _____

Reason for release:

_____ Further specialty medical care _____ Personal use _____ Moving out of area
_____ Transferring to a new provider _____ Other (specify) _____

Additional Release

I agree to the release of information regarding the following:

HIV/Hepatitis status	_____	_____
	Initials	Date
Drug/Alcohol Abuse	_____	_____
	Initials	Date
Mental Health	_____	_____
	Initials	Date

No information regarding these areas of care will be included in the records released unless specific authorization is provided.

I understand that (1) my records are protected under Federal Health Insurance Portability and Accountability Act (HIPAA) law, as well as State of Iowa laws, (2) under HIPAA law, I have the right to review and request amendments to my records, where appropriate, (3) this authorization is applicable only for services provided on or before the date of this authorization, *unless* specifically stated otherwise in this authorization, (4) there is a copying fee of \$10.00, plus \$.25 per page for every page over twenty (20) pages. Payment must be received prior to the release of records. This fee is waived if records are being released to another health care provider or entity.

PATIENT SIGNATURE: _____ DATE: _____

SIGNATURE OF LEGAL GUARDIAN (if applicable) _____

