

Authorization to Release Records

Mesa Family Physicians  
1440 S. Country Club Dr. #30  
Mesa, AZ 85210

Phone: 480-964-5800      Fax: 480-644-1372

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_  
\_\_\_\_\_ Home Phone #: \_\_\_\_\_  
\_\_\_\_\_ Work Phone #: \_\_\_\_\_

Please Choose One Only:

- \_\_\_\_\_ I hereby authorize **MESA FAMILY PHYSICIANS** to **RECEIVE** medical records from the provider listed below.  
\_\_\_\_\_ I hereby authorize **MESA FAMILY PHYSICIANS** to **SEND** medical records to the provider listed below.

PROVIDER'S NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For the purpose of: \_\_\_\_\_

I authorize the release of photocopies of the following medical records in the possession or control of MFP. For the PURPOSES HEREOF, "MEDICAL RECORDS" SHALL INCLUDE ALL CONFIDENTIAL AND HIV-RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661), CONFIDENTIAL COMMUNICABLE DISEASE-RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661), CONFIDENTIAL ALCOHOL OR DRUG ABUSE-RELATED INFORMATION (AS DEFINED IN 42 CFR SECTION 2.1 ET SEQ.) AND CONFIDENTIAL MENTAL HEALTH DIAGNOSIS/TREATMENT INFORMATION.

This consent will expire sixty (60) days after the signed date below. I may revoke this authorization at any time providing I notify Mesa Family Physicians in writing to that effect. I understand that any release which was made prior to my revocation is in compliance with this authorization and shall not constitute a breach of my rights to confidentiality. I understand that a photocopy of this authorization is considered acceptable in lieu of the original. **I HEREBY RELEASE MESA FAMILY PHYSICIANS FROM ALL LEGAL RESPONSIBILITY OR LIABILITY THAT MAY ARISE FROM THE ACT I HAVE AUTHORIZED ABOVE.**

Medical Records (check one)

\_\_\_\_\_ ALL records      \_\_\_\_\_ Other (please specify)

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Records Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_