



In Home Primary Care, PLLC  
 127 Ave A Bay 3 Suite 1&2  
 Snohomish, WA 98290  
 Ph: (360) 863-3657 Fax: (360) 863-6295

**AUTHORIZATION FOR MEDICAL RELEASE**

Dear Providers \_\_\_\_\_,

\_\_\_\_\_ has recently come under my care. \_\_\_\_\_  
 (*Patient Name*) (*Birth Date*)

We provide primary care for homebound elders. The family/patient has requested home visits due to the hardship of getting to the office. To facilitate continuity of care, please send IHPC his/her medical history and any information you think may be useful. If you have any questions concerning this request, please contact us at the above listed number.

**I herewith authorize:**

Provider Name/Clinic: \_\_\_\_\_ PH: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Provider Name/Clinic: \_\_\_\_\_ PH: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Provider Name/Clinic: \_\_\_\_\_ PH: \_\_\_\_\_ Fax: \_\_\_\_\_

To release to *In Home Primary Care (IHPC):*

**GENERAL MEDICAL INFORMATION:**

H & P     LAB/RADIOLOGY REPORTS     CONSULTS     OFFICE VISIT NOTES  
 \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

**RELEASE REQUIRING SPECIAL CONSENT:**

MENTAL HEALTH/PSYCHIATRIC DISORDERS     HIV/AIDS VIRUS  
 SEXUALLY TRANSMITTED DISEASE     DRUG, ALCOHOL ABUSE/TREATMENT

I hereby consent to the release of the specified information relating to the diagnosis, testing or treatment to the person or entity named above. I understand that such information cannot be released without my informed consent. I acknowledge I have fully reviewed and understand the contents of this authorization form. My signature below indicates that I hereby agree to and authorize the release of patient health information to the above named person or organization. You have the right to revoke or cancel this authorization, in writing, at any time.

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

\_\_\_\_\_  
***Patients Signature*** **Date:** \_\_\_\_\_

\_\_\_\_\_  
***Authorized Representative (Relationship)*** **Date:** \_\_\_\_\_

*Federal laws prohibit the recipient from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.*