



148 Wall Blvd. Gretna, LA 70056 | Phone: (504) 393-2273 | Fax: (504) 393-2744
 113 Belle Terre Blvd. LaPlace, LA 70068 | Phone: (985) 359-2273 | Fax: (985) 359-8560
 www.TheUrgentCare.com

Authorization to Release Healthcare Information

Patient's Name:		Patient's DOB:	
Patient's SSN:		Patient's Number:	
Patient's Address:	City:	State:	Zip:

I authorize The Urgent Care Westbank & LaPlace to disclose confidential health information in my record to:			
Recipient's Name:			
Recipient's Address:	City:	State:	Zip:
Recipient's Phone:	Recipient's Fax:	Recipient's Email:	
The purpose of the release of information:			

Please note that medical records will be faxed to the recipient unless otherwise stated.

Date(s) of Services you authorize to release: _____

Please **specify the documentation(s)** you wish to release:

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in a writing and present my written revocation to The Urgent Care. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

By signing below, I understand the information in my health record may include information relating to sexually transmitted disease (STD), acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. I can refuse to sign this authorization. If I have questions regarding my disclosure of health information, I can contact The Urgent Care.

This authorization will expire within 90 days from the effective date below unless otherwise stated.

 Patient or Legal Guardian's Signature

 Today's Date

Office Use Only
Please initial & date below

Document the recipient's name, date(s) requested, & address/fax records were forward _____

Scan medical release into patient's chart _____

Forward to billing/business to document in Accounting of Disclosure _____