



Authorization to Release Medical Records

Patient Information

Patient Name: _____ Date of Birth: _____
Street Address _____ City: _____
State: _____ Zip: _____ Phone Number: (____) _____

I authorize the custodian of records of the following organization:

Name of Provider/Entity: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Phone Number: (____) _____
Fax: (____) _____

To send the records listed below to:

Name of Provider/Entity: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Phone Number: (____) _____
Fax: (____) _____

Information to be released or requested - Please check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Imaging Reports |
| <input type="checkbox"/> Pap Smear results | <input type="checkbox"/> Laboratory/Pathology | <input type="checkbox"/> Operative Reports |
| <input type="checkbox"/> Colon cancer screening | <input type="checkbox"/> Well Child/School physicals | <input type="checkbox"/> Medication List |
| <input type="checkbox"/> Mammogram Results | <input type="checkbox"/> Diabetic Routine Care | <input type="checkbox"/> Other _____ |

Sensitive Information - This information will not be released or requested unless initialed by the patient

- | | |
|----------------------------------|---|
| ___ Mental health treatment | ___ Sexually Transmitted Diseases records |
| ___ Genetic Testing | ___ Alcohol/Substance use treatment records |
| ___ HIV/AIDS related information | ___ Psychiatric Treatment Notes |

Purpose of Request

- | | | | | |
|-----------------------------------|---|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Continuity of Care | <input type="checkbox"/> Treatment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Other (specify): _____ | | | |

Authorization Will Expire

- 90 days Condition: _____ Date: _____

Authorization for Release

- Please provide my entire medical record for dates:
From: _____ To: _____
(\$15.00 Flat Copy Fee, plus \$0.25 per page if not requested by health care provider/office)
- Include non-MHC records
- Title XIX patient (Medicaid)
(1 copy per year at no charge, then standard fees if not requested by health care provider/office)

Patient Name (Print): _____ Date: _____
Patient Signature: _____ Date: _____
Parent or Legal Guardian (Print): _____ Date: _____
Signature of Parent or Legal Guardian: _____ Date: _____

(Required for all patients under the age of 18 unless otherwise allowed by law)



Patient Rights Pursuant to this Authorization

- No authorization will be valid more than one year from date of signature.
- MHC may not condition treatment, payment, enrollment, or eligibility for benefits on whether this authorization is signed.
- Under the applicable law the information used or described pursuant to this authorization may be subject to redisclosure by the recipient and no longer subject to the protections of the HIPAA privacy standard.
- This authorization may be revoked at anytime by notifying the Compliance Department in writing, but will not have any effect on the actions the health center took before it received the revocation.
- Substance use information used or disclosed pursuant to this authorization is prohibited from redisclosure by the recipient without your authorization (see notice below).
- You may inspect a copy of the information that is used or disclosed.
- Outside/non-MHC medical records will only be included if authorized.

MHC Healthcare Locations

Marana Main Health Center	13395 N Marana Main, Bldg A, Marana AZ 85653	Phone	(520) 682-4111	Fax	(520) 682-3817
Counseling and Wellness Center	13395 N. Marana Main Street, Bldg B, Marana, AZ 85653	Phone	(520) 682-1091	Fax	(520) 682-4132
Clinica Del Alma Health Center	3690 S. Park Avenue, Suite 805, Tucson, AZ 85713	Phone	(520) 616-6760	Fax	(520) 616-6799
Dove Mountain Health Center	5224 W. Dove Centre Road, Marana, AZ 85658	Phone	(520) 616-1445	Fax	(520) 616-1446
East Side Health Center	8181 E. Irvington Road, Tucson, AZ 85709	Phone	(520) 574-1551	Fax	(520) 574-0783
Ellie Towne Health Center	1670 W. Ruthrauff Road, Tucson, AZ 85705	Phone	(520) 616-6797	Fax	(520) 616-6798
Flowing Wells Family Health Center	1323 W. Prince Road, Tucson, AZ 85705	Phone	(520) 887-0800	Fax	(520) 887-1393
Freedom Park Health Center	5000 E. 29th Street, Tucson, AZ 85711	Phone	(520) 790-8500	Fax	(520) 790-8505
Keeling Health Center	435 E. Glenn Street, Tucson, AZ 85705	Phone	(520) 616-1560	Fax	(520) 616-1561
MHC Obstetrics & Women's Health	2055 W. Hospital Drive, Suite 115, Tucson, AZ 85704	Phone	(520) 797-0011	Fax	(520) 797-7550
MHC Primary Care Health Center	2355 N. Wyatt Drive, Suite 101, Tucson, AZ 85712	Phone	(520) 616-4948	Fax	(520) 616-4958
Oro Valley Pediatrics	1856 N. Innovation Park Drive, Oro Valley, AZ 85755	Phone	(520) 825-7111	Fax	(520) 818-1253
Ortiz Community Health Center	12635 W. Rudasill Road, Tucson, AZ 85743	Phone	(520) 682-3777	Fax	(520) 682-2333
Santa Catalina Health Center	16701 N. Oracle Road, Suite 135, Catalina, AZ 85739	Phone	(520) 825-6763	Fax	(520) 825-6841
Wilmont Family Health Center	899 N. Wilmot Road, Building B, Tucson, AZ 85711	Phone	(520) 290-1100	Fax	(520) 290-8997

MHC Healthcare Patient Portal

Join the MHC Healthcare Patient Portal. The Patient Portal is a secure, confidential, and easy to use website that gives you 24 hour access to your personal health information. Sign up at <https://mhchealthcare.org/patient-portal>.

Notice to Recipient of Confidential Information

The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.