



**Integrated Health Concepts, LLC
 Authorization for Release of Individually
 Identifiable Health Information**

I hereby authorize the use or disclosure of my individually identifiable health information. I also understand the disclosed information may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations. I also understand that there will be fees associated with any release of information that is not sent to another healthcare facility as continuation of care.

Patient name: _____ **DOB:** ___/___/___ **Phone:** _____

I authorize IHC to OBTAIN copies of my information from: I authorize IHC to RELEASE my information to:

 Name of Individual, Physician or Organization

 Name of Individual, Physician or Organization

 Address

 Address

 Phone Number

 Fax Number

 Phone Number

 Fax Number

Information to be Released:

- Entire Medical Record
 Last Two (2) years of Record

Specific Documents:

- Lab Results Office Visit
 Radiology Results Vaccine Rec.

Information will be used/disclosed for:

- Cont. of Care Personal Use Other

Please send requested records to:

Integrated Health Concepts, LLC
 28 Midway Street
 Bristol, TN 37620
 Phone: 423-573-9873
Fax: 866-551-3252
(Fax is preferred)

The patient or the representative must read and initial the following statements:

_____ 1. I understand that the information in my health record may contain information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about mental health services and treatment for alcohol and drug abuse.

_____ 2. I understand that I may revoke this authorization at any time by notifying IHC in writing. If I do revoke the authorization, it will not have any effect on any action taken by IHC prior to their receipt of the revocation. Unless noted, I understand that this authorization will expire 90 days from the date of my signature.

 Signature of Patient or Representative

_____/_____/_____
 Date

 Witness

_____/_____/_____
 Date

Internal Use Only: Completed By: _____ *Date:* _____ *Mail/Fax:* _____

