

57 Northeastern Blvd Ste 202 Nashua, NH 03062 Phone: 603.821.4009 Fax: 603.821.4039

RELEASE OF/REQUEST FOR HEALTHCARE INFORMATION

PATIENT INFORMATION:					
NAME:		DATE OF BIRTH:			
STREET ADDRESS:					
CITY:	STATE:	Z	IP:PHONE: ()		
RELEASE TO/FROM:	110				
☐ Altrix Primary Care – Nash	ıa, LLC				
RELEASE TO/FROM:					
PRACTICE NAME:					
STREET ADDRESS: _	OT.	ATE.	ZIP:	_	
CITY:	S1 <i>F</i>	41E:	ZIP:	_	
PHONE: ()	FA2	X: (_)	<u></u>	
NFORMATION TO BE RELEASED:	(Charle all that apply)				
ENTIRE RECORD			ER NOTES		
CONSULT/OFFICE NOTES			X-RAY/MRI/CT/ULTRASOUND		
LABS/PATHOLOGY		 	HISTORY & PHYSICAL		
OPERATION REPORT			DISCHARGE SUMMARY		
EKG		ᅥ	OTHER		
				_	
INCLUDING SENSITIVE INFO	RMATION:(*Require	ed to	be checked off individually in order to	be released*)	
	ENTAL HEALTH				
	LCOHOL/DRUG USE/				
	V DIAGNOSIS / TREA	ATM:	ENT		
TES OF SERVICE TO BE RELEAS.	ED:				
ALL			MOST RECENT		
PAST 5 YEARS			FROMTO		
OW TO BE RELEASED:					
PICKED UP			MAILED		
FAXED (Read Release Belo	w)		DVD (Read Release Below)		
am aware that the above requested information	on is to be released via a fe	w/CD	/DVD Lam also avvers of the right associa	tad with faving	
nailing protected/sensitive health information					
ite of receipt and incomplete transmission of		io. em	oneous transmission, lack of confidentiality	y sareguarding a	
te of receipt and incomplete transmission of	imormation.				
UDDOCE OF DEOLIECT.					
URPOSE OF REQUEST: NEW PCP			CONTINUED CARE		
LEGAL			INSURANCE		
PERSONAL		ᅥ	WORK		
AUTO			OTHER		
AUTO		<u> </u>	OTHER		
INDERSTANDINGS:					
understand that the information released is co	onfidential and must be use	ad for	the nurness that it was requested for heavy	war anaa thia	
information is disclosed, the information is sub					
evoke this authorization at any time in writing					
or the first 1-30 pages and 50 cents per page t					
uthorize the release of my Private Health Info					
elating to the release of information. This auth					
uthorization may not precede the date(s) of se		10	a period of fillery days from the date of s.	ignature. The de	
amortanion may not procede the date(s) of se					
-			20		
ient/Parent/Legal Agent Signature	*Relationship				
nend ratend Legal Agent Signature	Relationship		Date		