

# Sparks Family Medicine, Ltd.

10155 W. Twain Ave., Suite 110

Las Vegas, Nevada 89147

(702) 722-2200 Phone

(702) 722-2201 Fax

## Medical Records Release 2 (From SFM)

(Name of Patient)

(Birthdate)

(Street Address)

(City, State, ZIP Code)

**Authorizes:**

**Release of Records to:**

(Name of Physician)

(Name of Physician)

**Sparks Family Medicine, Ltd.**

(Name of Group/Entity)

**10155 W, Twain Ave, Suite 110**

(Street Address)

**Las Vegas, Nevada, 89147**

(City, State, ZIP Code)

**(702) 722-2201 Fax (702) 722-2200 Phone**

(Fax)

(Telephone)

### Information to be Released:

**All Clinic Records**  Visual Fields

Allergy Records

Eye Records

X-Ray Reports

Lab Reports

Office Notes

Immunization Records

Electrocardiograms

Photographs

X-Ray Films (Specify):

Other (Specify):

### For the Following Dates: \_\_\_\_\_

In compliance with state statutes which require special permission to release otherwise privileged information, please release records pertaining to:

Mental health

AIDS test results  Developmental disabilities

Drug abuse

Other: \_\_\_\_\_

AIDS-related disease diagnosis

Alcoholism

### Purpose or need for disclosure: (check applicable categories)

Further medical care

Payment of insurance claim

Legal investigation

Application for insurance

Personal

Other

Disability determination

Vocational rehabilitation evaluation

I understand that this authorization shall be valid for one (1) year unless otherwise stated below or revoked through written notice. (Alternate date if not one year): \_\_\_\_\_

I authorize release of my medical records in accordance with the specifications listed above. I understand written notice is necessary to cancel this request.

**Signature of Patient** \_\_\_\_\_

Date \_\_\_\_\_

↓(If signed by person other than patient, state relationship and authorization to do so)↓

(Authorized signature)

(Relationship)

**Patient is:**

Minor

Incompetent

Disabled

Deceased

**Legal Authority:**

Legal

Legal guardian

Next of kin of deceased