Sparks Family Medicine, Ltd.

10785 W. Twain Ave., Suite 221
Las Vegas, Nevada 89135
(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:

_____
(Name of Physician)

Sparks Family Medicine, Ltd.

410 South Rampart, Suite 390

Las Vegas, Nevada, 89145

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

Release of Records to:

_____
(Name of Physician)

_____
(Name of Group/Entity)

_____
(Street Address)

_____
(City, State, ZIP Code)

_____
(Fax) (Telephone)

Information to be Released:

- ☐ **All Clinic Records**
- ☐ Eye Records
- ☐ Office Notes
- ☐ Photographs
- ☐ Visual Fields
- ☐ X-Ray Reports
- ☐ Immunization Records
- ☐ X-Ray Films (Specify): _____
- ☐ Allergy Records
- ☐ Lab Reports
- ☐ Electrocardiograms
- ☐ 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
- ☐ Drug abuse
- ☐ Alcoholism
- ☐ AIDS test results
- ☐ Other: _____
- ☐ Developmental disabilities
- ☐ AIDS-related disease diagnosis

Purpose or need for disclosure: (check applicable categories)

- ☐ Further medical care
- ☐ Application for insurance
- ☐ Disability determination
- ☐ Payment of insurance claim
- ☐ Personal
- ☐ Vocational rehabilitation evaluation
- ☐ Legal investigation
- ☐ Other

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