

APEX MEDICAL CENTER

Consent to obtain Confidential Information

I, _____, born on _____, hereby authorize:

Name: _____ Phone: _____ Fax: _____

Address: _____

To disclose the following information (check all that applies):

☹☹☹☹ All records needed for continuity of care

OR

☹☹☹ Immunization information

___ Clinician office notes/reports

___ Transcribed hospital reports

___ All hospital records, including progress notes and nursing records

☹☹☹ Pap/Annual Results

☹☹☹ Lab

Work (specific dates if applicable) _____

___ Diagnostic imaging reports/procedure reports

Other: _____

I UNDERSTAND THAT THE FOLLOWING INFORMATION **WILL NOT BE RELEASED UNLESS INITIALED**. I CONSENT TO AND AUTHORIZE YOU TO RELEASE THE FOLLOWING RECORDS THAT I HAVE **INITIALED**.

☹☹☹☹ Sexually Transmitted Disease

☹☹☹☹ HIV

Testing

II

☹☹☹☹ Substance Abuse

☹☹☹☹ Mental Health

To the following: **Apex Medical Center**
1701 Bearden Dr., Suite 200

Las Vegas, NV 89106

Phone: 702-310-9110 Fax: 702-310-9114

I understand that certain records are protected by Federal and / or State laws which prohibit the release of such records. Apex Medical Center will comply with such laws.

By signing this consent on this _____ day of _____, 20____, I agree with all the provisions stated in this consent for the release of information. I also understand that I may revoke this consent in writing at any time and regardless, this consent expires one year from the above written date.

Signature of Patient or Legal Guardian
Witness

Signature of

Printed Name of Patient or Legal Guardian

Records Request Sent Via:

_____ Faxed

_____ Mailed

_____ Picked Up

Request Sent By:

Employee Initials

Date

Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.