



Consent for Release of Medical Information

Patient name: _____ Date of birth: _____

Previous name: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip Code: _____

My Authorization:

I hereby request and authorize: (facility/Dr) _____
at (location) _____ (fax #) _____

to disclose the following health care information (check all that apply):

- All health care information in my medical record
- Health care information in my medical record relating to the following treatment or condition: _____
- Health care information in my medical record for the date(s): _____
- Other (e.g., X rays, bills, all diagnostic labs and imaging), specify date(s): _____

You may disclose this health care information to:

Bella Fiore Klinik
Dr. Alicia Cole
 1629 Queen Anne Ave N, #104
 Seattle, WA 98109
FAX: 206-257-3124 Phone: 206-659-0690 admin@draliciacole.com

This authorization ends:

- Ongoing for the purposes of collaborative care
- 90 days from the date signed
- On (date) _____

My Rights

I understand I do not have to sign this authorization in order to get health care benefits. However, I do have to sign an authorization form in order to receive health care when the purpose is to create health care information for a third party.

I may revoke this authorization in writing. If I did, it would not affect any actions already taken by my provider based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are:

- Fill out a revocation form. A form is available from Dr. Alicia Cole at Bella Fiore Klinik, or
- Write a letter to my provider revoking the authorization

Once health care information is disclosed, the person or organization that receives it may re-disclose it, at which point Dr. Alicia Cole and Bella Fiore Klinik no longer have control over that distribution.

Patient or legally authorized individual signature

Date

Printed Name if signed on behalf of the patient

Relationship (parent, legal guardian, personal representative, etc.)