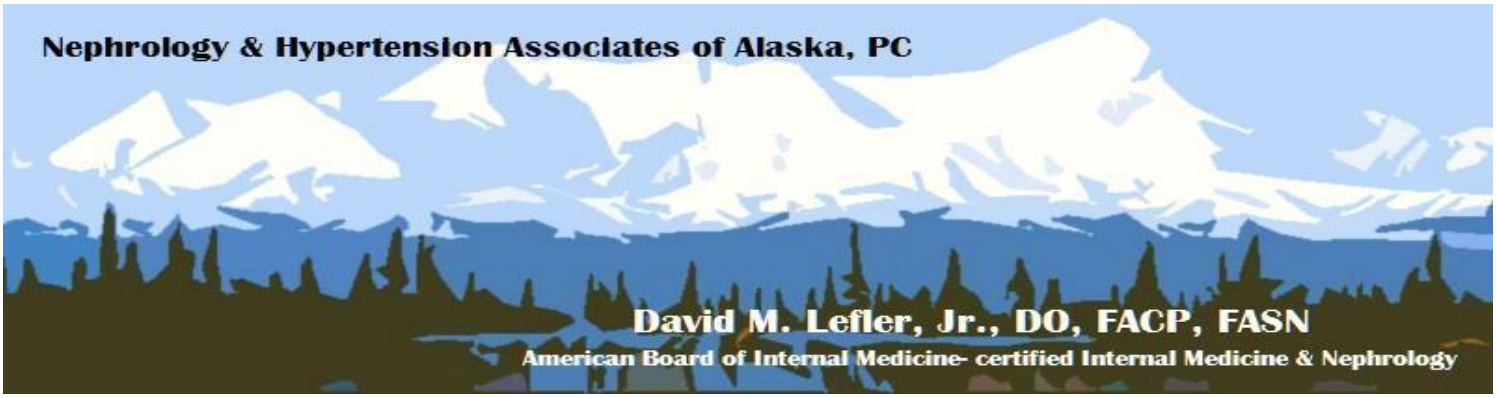

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name:_____ **Date of Birth:**_____

Responsible party (if applicable):_____**SS# Last Four:**_____

I request and authorize Nephrology & Hypertension Associates of Alaska, PC to release/provide/share/obtain my healthcare information.

Release to (including family)/Obtain from and to include Kidney & Hypertension Clinic of Alaska if applicable:_____

Address:_____

Phone:_____ Fax:_____

This request and consent/authorization applies to:_____

- ○ All Healthcare information
- ○ Healthcare Information relating to:_____
- ○ Other:_____

Patient Signature:_____Date Signed:_____

HIPAA Explanation:

The health insurance portability and accountability act of 1996 (HIPAA) requires authorization to release medical information to other healthcare providers. Medical providers are required to protect healthcare information and to require the use of forms to comply with the law and this form complies with the requirements of HIPAA. HIPAA law require specific steps in obtaining and utilizing an authorization to release specific healthcare information relating to HIV/STD status and or drug/or alcohol records. These records may not be released unless the individual has consented to specific release of this information.

○YES ○NO I authorize the release of **STD results, HIV/AIDS testing**, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these results/records to anyone.

○YES ○NO I authorize the release of any records regarding **drug, alcohol, or mental health treatment** to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these records/tests to anyone.

Patient Signature:_____Date Signed:_____

Office Location:
3300 Providence Drive, Suite B201—B Tower
Anchorage, AK 99508

Phone : (907)770-0412
Fax: (844) 772-0725
Website: www.nhakidney.com