

| Internal Use Only   Account # |
|-------------------------------|
| Pickup Instructions           |

## **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Please complete all sections legibly. Incomplete forms may result in delay or denial of this request.

| 1. PATIENT  | PATIENT NAME:  |   |                                 |              |  |
|---|--|---|---------------------------------|--------------|--|
| INFORMATION   | DOB: / /   | PREVIC  | REVIOUS NAME(S):                |              |  |
| 2. RELEASE MY<br>RECORDS<br>FROM  | FACILITY NAME:   |   |                                 |              |  |
|   | DR. NAME:  |   |                                 |              |  |
|   | NAME:  | ATT   | ATTN TO:                        |              |  |
| 3. SEND MY<br>RECORDS TO  | ADDRESS:   |   |                                 |              |  |
|   | CITY:  | STA   | <br>TE:                         | ZIP:         |  |
|   | PHONE:   |   | FAX (For Continuing Care ONLY): |              |  |
|   | UPCOMING APPT DATE: / /  |   |                                 |              |  |
| 4. TYPES OF<br>RECORDS  | BODY PART:   |   |                                 |              |  |
|   | DATE(S) OF SERVICE:  |   |                                 |              |  |
|   | ☐ Office Notes ☐ Billing Statement ☐ Pathology Reports ☐ Operative Note ☐ All Health Records (not ☐ Other  |   |                                 |              |  |
|   | including billing or imaging )   |   |                                 |              |  |
|   | For verbal disclosure, check here:   |   |                                 |              |  |
| 5. VERBAL<br>DISCLOSURE   | "Verbal disclosure" authorizes VIE to discuss my care with the person(s) indicated in this section:  |   |                                 |              |  |
|   |  |   |                                 |              |  |
| 6. REASON FOR<br>REQUEST  | ☐ Personal Use ☐ Insurance ☐ Workers Compensation ☐ Disability ☐ Legal ☐ Continuing Care   |   |                                 |              |  |
|   |  |   |                                 |              |  |
|   |  | EMAIL 1   | TO:                             |              |  |
| 7. RETURN<br>COMPLETED<br>FORMS TO:   | MAIL TO:   |   | : 952-838-065                   | 51           |  |
|   | Vascular & Interventional Experts 4100 Minnesota Dr #310 Edina, MN 55439   | Minnesota Dr #310 Edina MN 55435   DROP OFF: Vascular & Interventional                                      |                                 |              |  |
|   | * Records will be mailed to the person(s) identified i   | Records will be mailed to the person(s) identified in section 3. Please allow up to 2 weeks for processing. |                                 |              |  |
| I may revoke this authorization at any time by notifying the facility identified above in |  |   |                                 |              |  |
| 8. I<br>UNDERSTAND<br>THAT BY<br>SIGNING THE<br>BELOW:                                    | <ul> <li>writing.</li> <li>By authorizing the release of my protected health information, the health information is no longer protected and has the potential to be re-disclosed.</li> <li>There may be a fee for release of this information and I may be responsible for that fee.</li> <li>I am authorizing the release of my personal protected health information to and from the entities I've indicted above</li> <li>Treatment will not be denied to me if I do not sign this form.</li> <li>This authorization will expire one year from the date I sign on this form.</li> </ul> |   |                                 |              |  |
|   | SIGNATURE:   |   | DATE:                           |              |  |
|   | PRINT NAME:  |   |                                 |              |  |
|   | *If this form is signed by someone other than the patient, legal documentation showing   |   |                                 |              |  |
|   | guardianship or authorization must be on file o  |   |                                 | VIE 606 (A/2 |  |