

Authorization to Release Health Information

Use this form to have Hayton Primary Care send your health information to another person or organization. To get a copy of your own records, use our Request About My Health Information form instead.

1 PATIENT

LAST NAME	FIRST NAME	DATE OF BIRTH
FORMER NAME(S), IF ANY	PHONE	ADDRESS, CITY / STATE / ZIP

2 RELEASE FROM

Hayton Primary Care / HPC Medical Group PLLC · 300 W. Main St., Suite 100 · Boise, ID 83702 · Phone (208) 247-4279 · Fax (208) 684-2455

3 RELEASE TO

PERSON OR ORGANIZATION NAME	PHONE	FAX
ADDRESS		CITY / STATE / ZIP
EMAIL ADDRESS (only if sending by email)		

4 INFORMATION TO RELEASE

DATES OF SERVICE — FROM	TO
-------------------------	----

☐ Complete record
 ☐ Office visit notes
 ☐ Lab results

☐ Imaging reports
 ☐ Immunizations
 ☐ Medication list

☐ Care plan
 ☐ Billing records
 ☐ Other (describe below)

OTHER INFORMATION (describe)

Sensitive information — released only if checked:

- | | |
|---|--|
| ☐ Alcohol / substance use disorder information | ☐ Mental / behavioral health |
| ☐ HIV / AIDS / STI | ☐ Genetic testing or counseling |

5 PURPOSE

- ☐ At my request
 ☐ Continuity of care
 ☐ Insurance or disability claim
 ☐ Legal matter
 ☐ Other: _____

6 HOW TO SEND

- ☐ Mail
 ☐ Fax
 ☐ Pick up
 ☐ Email

If I choose email, I understand it may not be encrypted and someone else could read it, and I accept that risk.

PATIENT NAME

DATE OF BIRTH

7 EXPIRATION

This authorization expires one (1) year from the date I sign, unless I write an earlier date or event here:

EARLIER EXPIRATION DATE OR EVENT (OPTIONAL)

PLEASE READ BEFORE SIGNING

You may revoke this authorization at any time. Send a signed written statement to Hayton Primary Care at the address above. It takes effect when received and does not undo a release already made in reliance on it.

This authorization is voluntary. Hayton Primary Care will not condition your treatment, payment, enrollment, or eligibility for benefits on whether you sign.

Redisclosure. Information released may be redisclosed by the recipient and may then no longer be protected by the federal privacy rules at 45 C.F.R. Parts 160 and 164.

Substance use disorder records. If any records released are protected by 42 C.F.R. Part 2, federal law prohibits the recipient from further disclosure except as expressly permitted by written consent or otherwise permitted by Part 2. Federal rules restrict use of these records to criminally investigate or prosecute a patient with a substance use disorder.

You will receive a copy of this signed authorization. A photocopy, fax, or electronic image of this authorization is as valid as the original.

SIGNATURE

PATIENT SIGNATURE

PRINTED NAME

DATE

If signed by the patient's personal representative (legal guardian, agent under a health care power of attorney, or executor):

SIGNATURE OF REPRESENTATIVE

PRINTED NAME

RELATIONSHIP & LEGAL AUTHORITY

DATE

OFFICE USE ONLY

Date received: _____

Identity / authority verified by: _____

Date sent: _____

Method: ☐ Mail ☐ Fax ☐ Pick up ☐ EmailCopy of authorization given to patient: ☐ Yes

Staff initials: _____

Notice of Availability of Language Assistance & Auxiliary Aids

Free language assistance services and auxiliary aids and services are available to you. This notice appears in English and in the fifteen languages most commonly spoken by individuals with limited English proficiency in Idaho.

English: ATTENTION: Language assistance services and auxiliary aids and services are available to you free of charge. Call (208) 247-4279.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (208) 247-4279.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (208) 247-4279。

Srpski (Serbian): OBAVJEŠTENJE: Ako govorite srpski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (208) 247-4279.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (208) 247-4279 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (208) 247-4279.

العربية (Arabic): ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (208) 247-4279.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (208) 247-4279.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (208) 247-4279.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (208) 247-4279.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (208) 247-4279.

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(208) 247-4279 まで、お電話にてご連絡ください。

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la (208) 247-4279.

Ikirundi (Kirundi): ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona (208) 247-4279.

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. با (208) 247-4279 تماس بگیرید.

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (208) 247-4279.

To request an interpreter, a document in another format (such as large print, braille, audio, or an accessible electronic format), or any other accommodation, call (208) 247-4279 or ask any staff member. There is never a charge for these services.