

NEW PATIENT SPECIALTY AUTHORIZATION TO OBTAIN RECORDS

I, _____, authorize Thunderbird Internal Medicine to obtain my medical records which may include information concerning communicable diseases such as HIV, AIDS, mental illness (except psychotherapy notes), chemical/alcohol dependency and Diagnosis and treatment information from:

Doctor: _____
(First name) (Last name)

Address: _____

Phone/Fax: _____

This authorization is for the release of records pertaining to my care and treatment as indicated below (check one below):
*****Please use Internal Medicine Authorization form for our Internal Medicine Providers*****

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| <p><u>Neurology</u></p> <p><input type="checkbox"/> Darry Johnson, M.D.</p> <p><input type="checkbox"/> Thomas Habiger, M.D.</p> <ul style="list-style-type: none"> • Last 1 year Brain and Spin Imaging Reports <p>Most Recent:</p> <ul style="list-style-type: none"> • EMG/Nerve Study/EEG • Echo • Carotid US • Neurology consultation • Hospital Discharge Summary • Primary Care consultation | <p><u>Audiology</u></p> <p><input type="checkbox"/> Deborah Blaylock, Au.D</p> <ul style="list-style-type: none"> • Hearing Aid History • Last 2 years Audiology Testing • Most recent ENT consultation | <p><u>Podiatry</u></p> <p><input type="checkbox"/> John Tassone, D.P.M.</p> <ul style="list-style-type: none"> • Last 1 year Podiatric Imaging Reports <p>Most Recent:</p> <ul style="list-style-type: none"> • Consultation Note • Labs • Hospital H&P • Hospital Discharge Summary |
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Disclosure of the information is requested for the purpose of: _____

Patient's date of birth: _____ Social Security #: _____

Patient/Guardians Signature: _____ Date: _____

Witness's signature: _____ Date: _____

EXPIRATION DATE OF THIS AUTHORIZATION: _____

For the protection of the patient-this is not a valid release if not witnessed and if not entirely complete. This authorization is valid for 6 months unless revoked in writing. It cannot be revoked retroactively for information already released.

NOTICE TO THE PATIENT: Please make arrangements with your previous physician(s) office to obtain any records for personal use. Thunderbird Internal Medicine does not provide such copies to our patients. Our physicians only retain what they feel is medically necessary from these records, thus we do not retain a complete set. In addition, prior to providing our office with any records you may already have, please retain a copy for yourself. **If any portion of this authorization is returned incomplete, there will be a delay in the processing of this request until completion.**