United Health Professionals, Inc.
Authorization for Release of Information

143 Peyton Street
Barboursville, WV 25504

Patient Name Last First MI Maiden/Other

DOB Mo Day Year SS# Med Rec #

Address City State/Zip

Day Phone (with area code) Evening Phone Cell Phone

CHOOSE ONE

[ ] I authorize UHP to release information ***TO:***

name of provider or facility

address

city, state, zip

phone or fax number with area code

[ ] I authorize UHP to obtain information ***FROM:***

name of provider or facility

address

city, state, zip

phone or fax number with area code

RECORDS

Release the following information:

Office Visit Notes	Dates: _____
Diagnostic Testing Results	Dates: _____
Lab Reports	Dates: _____
Surgery/Hospital Notes	Dates: _____
Obstetric Records	Dates: _____

DATES MUST BE FILLED IN! EXAMPLE: 2005 TO 2006
"ALL" IS NOT PERMITTED

I specifically authorize the release of information related to:

( ) **Substance Abuse** (including alcohol and drug abuse)
( ) **Mental Health** (including psychotherapy notes)
( ) **HIV related information** (AIDS related testing)

_____
Signature of patient/legal guardian/authorized person

PURPOSE

Information is to be released for the following purpose(s):

( ) Changing physicians
( ) Consultation/Second Opinion
( ) Insurance
( ) Legal
( ) School
( ) Other (must specify): _____
( ) Worker's Compensation
( ) Continuing Medical Care

NOTE

I understand the following:

- This authorization will expire 60 days after I have signed this form.
- I may revoke this authorization at any time by notifying the providing organization in writing. My notification will be effective on the day it is received expect to the extent action has already been taken on the original request.
- The information used before this authorization may be subject to redisclosure by the recipient and no longer be protected by Federal privacy regulations.

SIGN HERE

Signature of Patient/Legal Guardian/Authorized Person Date Witness

Records Received by Date Relationship to patient

***Office Use*:** Date Completed: by: ID presented: Fee collected: $