Patricia Walker RD, LD, CDE, CLT
Carroll County Diabetes, Nutrition & Wellness Center LLC
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Web: www.pattywalkerrd.com Email: patty@pattywalkerrd.com

Authorization to Release Medical Records

Patient name:
Date of birth:
Address:
Phone number:

Authorized Person/s, Agencies, Institutions or Other

I authorize the use and disclosure of 's protected health information as described below to PattyWalkerRD.

1) Name:
Address:
Phone number:

Effective Period

This authorization for the release of information covers the period of healthcare of all past, present, and future periods.

Extent of Authorization

I authorize the release of my complete health record with the **exception** of the following information:

- Mental health records
- Communicable diseases (including HIV and AIDS)
- Alcohol/drug abuse & treatment

Agreement

I understand that I have the right to revoke this authorization, in writing, at anytime. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.
I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I agree No

Please Sign Below

Name:
Date of birth:
Driver's license number: