



TACOMA: 1401-A Martin Luther King Jr. Way · Tacoma, WA 98405  
 RENTON: 263 Rainier Ave S. #200 · Renton, WA 98057  
 SEATTLE: 509 Olive Way, Ste. 1454 · Seattle, WA 98101

Phone: 800-572-4223  
 web: www.CedarRiverClinics.org

**RECORDS RELEASE FORM**  
**PLEASE COMPLETE FORM AND SIGN AND DATE WHERE INDICATED.**

Client Name: \_\_\_\_\_

Pervious Names Used: \_\_\_\_\_ Estimate Year of Last Service: \_\_\_\_\_

Birth date: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Client Contact Phone Number/Email Address: \_\_\_\_\_

Check if Ever Seen at Auara Medical Services (AMS) Clinic

**I request and authorize Cedar River Clinics to release healthcare information of the client named above to:**

Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 STREET CITY STATE ZIP

Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*Method of Delivery:**  Pick Up at Clinic  Faxed  Mailed Uncertified  Mailed Certified\*\*  Secured Email  Patient Portal  
 \*\*Current USPS Rate Charged Prior to Mailing

I understand my medical records may contain information regarding sexually transmitted diseases, including HIV/AIDS. Release of this information is voluntary and is protected by State Law. I authorize you to release the following information to the physician/clinic/individual indicated above:

- My COMPLETE medical record, including current and past history
  - INCLUDING information pertaining to HIV testing and AIDS; and/or treatment for sexually transmitted diseases
  - EXCEPT for information pertaining to HIV testing and AIDS; and/or treatment for sexually transmitted diseases
- Lab Results Only
  - INCLUDING information pertaining to HIV testing and AIDS; and/or treatment for sexually transmitted diseases
  - EXCEPT for information pertaining to HIV testing and AIDS; and/or treatment for sexually transmitted diseases
- My Ultrasound Records Only.
- Medical Records from Date Ranges: \_\_\_\_\_ to \_\_\_\_\_.
- Other (please specify): \_\_\_\_\_.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your request to inspect or copy your Protected Health Information will be reviewed by the Director of Operations who will determine if the information requested can be made available to you. We may be legally prohibited from making certain information available to clients or client representatives, including: -Information related to legal proceedings- Information that federal or state laws prevent us from disclosing -Information that is related to medical research in which you have agreed to participate -Information whose disclosure may result in harm or injury to you or to another person -Information that was obtained under a promise of confidentiality.

Within the limitations of the law, we will make every effort to accommodate your request. We will complete our review of your request and either arrange for you to inspect your records within 30 days of your request, or provide you with a written explanation of any restrictions on the information that we can provide you. If we deny your request, in whole or in part, you may request that we review that decision.

**FOR CLINIC USE ONLY**

Entered In PHI Log  Re-Verified Identifiers Match  
 Records sent:  Mailed  Faxed  Hand delivered  Emailed Date sent: \_\_\_\_\_ By: \_\_\_\_\_  
 Records NOT sent (explain): \_\_\_\_\_