

APEX MEDICAL CENTER

Consent to Obtain Confidential Information

I, _____, born on _____, hereby authorize:

Name: _____ Phone: _____ Fax: _____

Address: _____

To disclose the following information (check all that applies):

- All records needed for continuity of care
- OR**
- Immunization information
- Clinician office note/reports
- Transcribed hospital/reports including progress notes and nursing records
- Pap/Annual Results
- Lab work (specific dates if applicable) _____
- Diagnostic imaging reports/procedure reports
- Other: _____

I UNDERSTAND THAT THE FOLLOWING INFORMATION **WILL NOT** BE RELEASED UNLESS **INITIALED**. I CONSENT TO AND AUTHORIZE YOU TO RELEASE THE FOLLOWING RECORDS THAT I HAVE **INITIALED**

- Sexually Transmitted Disease
- HIV Testing
- Substance Abuse
- Mental Health

To the following: **Apex Medical Center**
1701 Wellness Way, Suite 200
Las Vegas, NV 89106

Phone: 702-310-9110 Fax: 702-310-9114

I understand that certain records are protected by Federal and/or State laws, which prohibit the release of such records. Apex Medical Center will comply with such laws.

By signing this consent on this _____ day of _____, 20____, I agree with all the provisions stated in this consent for the release of information. I also understand that I may revoke this consent in writing at any time and regardless, this consent expires one year from the above written date. No medical provider required me to sign this authorization in order to receive treatment or payment or to enroll or be eligible for benefits.

Signature of Patient or Legal Guardian

Signature of Witness

Printed Name of Patient or Legal Guardian

Records Sent Via:

_____ Faxed

_____ Mailed

_____ Picked Up

Records Sent By:

Employee Initials

Date

Prohibition on e-disclosure: this information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertain. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal Regulation state that any person who violated any provision of this law shall be fined not more than \$500, in the case of that first offence, and not more than \$5,000 in the case of each subsequent offense.