



PATIENT INFORMATION:

Form fields for Patient Information including Last Name, First Name, MI, Previous Name, Date of Birth, Street Address, Social Security Number, Home Phone Number, City, State, Zip, and Email Address.

I HEREBY AUTHORIZE RECORDS AND PLAN OF CARE FROM:

Form fields for authorization source: Pioneer Physicians Network or Other, with Organization/Person/Entity/Name.

Form fields for address: Street Address, Apt # / Suite, City/State/Zip, Phone Number, Fax Number.

TO BE RELEASED TO:

Form fields for release recipient: Pioneer Physicians Network - Att: or Other, with Organization/Person/Entity/Name.

Form fields for address: Street Address, Apt # / Suite, City/State/Zip, Phone Number, Fax Number.

TREATMENT DATE(S) TO BE DISCLOSED: From to

DESCRIPTION OF INFORMATION TO BE DISCLOSED FOR THE ABOVE TREATMENT DATE(S) ABOVE:

- List of information types to be disclosed: Abstract/Summary of Medical Records, Complete Medical Records, Physician Office Note(s), Laboratory Report(s), Diagnostic Test/Report(s), Itemized Bill(s), Immunizations, Radiology/X-ray/MRI Report(s), Pathology Report(s), Operative Report(s), Other.

This information may include any and all treatment plans, medication issues, history of acquired immunodeficiency syndrome (AIDS); sexually transmitted diseases; human immunodeficiency virus (HIV) infection; behavioral health service/psychiatric care and evaluations; treatment for alcohol and/or drug abuse; or similar conditions. SPECIFIC INFORMATION NOT TO BE DISCLOSED:

PURPOSE OF DISCLOSURE: (Check all that apply).

- List of disclosure purposes: Self/Personal Use, Disability, Legal/Litigation, Workers Comp, Insurance, Continuation of Care, Transfer, Other.

- Authorization terms and conditions including: electronic delivery, PHI protection, right to revoke, insurance company, disclosure of records, fee information, and expiration date.

The fee schedule for a patient's personal representative (Durable Healthcare Power of Attorney, Parent or Legal Guardian):

- Fee schedule details: No records search fee, For data recorded on paper (with per-page rates for 1-10, 11-50, and 51+ pages), For data recorded other than on paper, Actual cost of postage.

Signature of Patient Date

Signature of Legally Appointed Representative Date

Witness Date