

Cane River Family Medicine

William Luster, MD

617B Bienville St

Natchitoches, LA 71457

Tel. 318.238.6401 Fax 318.238.6402

Authorization for Release of Medical Records

I authorize the following protected health information to be release from the medical record of:

Name: _____ Date of Birth: _____

Release from:

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

Fax: _____

Release to:

William Luster MD

617B Bienville St

Natchitoches, LA 71457

Tel. 318.238.6401

Fax. 318.238.6402

- Please mail my records
- Please call when my records are ready to be picked up
- Please fax my records to the number above

To Be Released:

- I authorized the release of my complete medical record
- I authorized the partial release of my medical records to include the following:

I understand that this authorization is valid for six months unless I notify Cane River Family Medicine otherwise. I may revoke this authorization at any time except to the extent that Cane River Family Medicine has already relied on this authorization. I may revoke it by mailing or faxing a written notice to Cane River Family Medicine at the number/address above stating my intent to revoke this authorization. I understand that the records released may include information relating to Human Immunodeficiency Virus (HIV) infection or Acquired immunodeficiency Syndrome (AIDS); treatment for, or history of, drug or alcohol abuse; or psychiatric care. I understand my treatment will not be conditioned by my completion of this form.

Signature of Patient, Guardian or Legal Representative

Date

Office personnel only

Date released _____

Staff initials _____