5319 Meadow Lane Court Suite 2 Sheffield Village Ohio, 44035 (440) 847-8973

Journey to Health and Wellness

Authorization to Release or Obtain Protected Health Information ***PLEASE PRINT***			MRN#
Patient Name: (Last)		(First)	
Phone:	Maiden/Other Name:		
Date of Birth:	Social Sec. No.		
Address:			
City:	State:	Zip:	

I authorize Journey to Health & Wellness, LLC to release information contained in my medical/clinical record to the following person or organization indicated below:	**INFORMATION TO BE RELEASED** Check or Circle Please indicate date(s) or date range, if known
Institution or Requestor:	E&M / Office Notes/Consult Notes ☐
Attention to:	Radiology Reports ☐
Address:	Labortory Test Results ☐
City State Zip	Other Lab Results ☐
Phone	Treatment plans ☐
I authorize the following institution to release protected health information contained in my medical record to Journey to Health & Wellness, LLC:	Immunization Record ☐
	Discharge Summary ☐
	2 Year Summary of all records ☐
Institution or Requestor:	Other: ☐
Phone:	Comments:

REASON FOR DISCLOSURE Check or Circle		**Please Check if you want Information Protected by CFR 42 Released:**	
Continuation of Care ☐	Medical Consultation ☐	Drug Abuse ☐	Psychotherapy Notes ☐
Legal Representative ☐	Transfer to New PCP	Alcohol Abuse ☐	STD Test Results ☐
Social Security Disability ☐	Claim# ________________	HIV/AIDS ☐	
Worker's Comp ☐	Insurance Claim#__________	Anticipated Completion Date: (Please Circle One) 30 Days	
Other: ______________________		60 Days	
		90 Days	

This authorization to disclose information may be revoked by the patient at any time except to the extent that action has been taken in reliance thereon by sending a written revocation to the Compliance Officer JOURNEY TO HEALTH & WELLNESS, LLC 5319 Meadow Lane Court Sheffield Village, OH 44035 This authorization expires 60 days from the date of signature.

Signature of Patient	Date:
Other Legal Signature	Date:

FOR JOURNEY TO HEALTH & WELLNESS, LLC USE ONLY BELOW		
Approved ☐ **Denied** ☐	Completion Date ________________	**IDENTIFICATION VERIFIED** Driver's License ☐ Other Photo ID ☐
Reason: ____		________________________ Employee (Printed Name)
Employee Signature:		