



east lincoln family health professionals, pc

Phone: 402-483-7507

Fax: 402-483-6899

### Authorization to Request/Release Protected Health Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian Name (if applicable): \_\_\_\_\_

For the purpose of:

- Specialist/Continuity of Care
- Transferring Medical Care
- Other: \_\_\_\_\_

The specific information to be released/exchanged is:

- All available information
- Drug substance abuse
- Other: \_\_\_\_\_

**Please check mark one box below (if applicable):**

- FROM** East Lincoln Family Health Professionals, PC **TO:** (ie specialty clinics)

Facility/Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- TO** East Lincoln Family Health Professionals, PC **FROM:** (ie other medical facilities)

Facility/Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Patient/Legal Guardian*

\_\_\_\_\_  
*Date*