



feel the difference...

ERIC E. CARSON, D.C.

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501-767-8430 fax

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Mount Ida, AR 71957
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RECORD RELEASE AUTHORIZATION

1. Where are records coming from: _____

Fax: () _____

2. Patient name: _____

Date of Birth: _____ Rel. to requestor: _____

3. What is being transferred:

- Medical Record
- Films (film or electronic/disc): x-rays/MRI/CT/Other: _____
- Report only: _____
- Other: _____

4. Where are the records going:

- Body in Balance Chiropractic, 1557 Airport Rd., Ste A, Hot Springs, AR 71913. Fax: (501)767-8430.
- Patient (patient will pick up/ please mail to patient).
- Another physician: _____
- Other: _____

5. Patient Signature: **X** _____

Date signed: _____

Pursuant to the Health Insurance Portability and Accountability Act Sec. 164.524, except in certain circumstances, individuals have the right to review and obtain a copy of their protected health information in a covered entity's designated record set. The "designated record set" is that group of records maintained by or for a covered entity that is used, in whole or part, to make decisions about individuals, or that is a provider's medical and billing records about individuals or a health plan's enrollment, payment, claims adjudication, and case or medical management record systems. The Rule exempts from the right of access the following protected health information: psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access, or information held by certain research laboratories. For information included within the right of access, covered entities may deny an individual access in certain specified situations, such as when a health care professional believes access could cause harm to the individual or another. In such situations, the individual must be given the right to have such denials reviewed by a licensed health care professional for a second opinion. Covered entities may impose reasonable, cost-based fees for the cost of copying and postage.

For Office Use: ID verified _____

Comments:

C:/My Files/CA Info/Forms