



AUTHORIZATION FOR RELEASE OF MEDICAL/DENTAL INFORMATION

I, _____ DOB: _____ SS# _____

AUTHORIZE: _____ DR: _____ ADDRESS: _____

To release a copy of all medical records in the possession of the above identified practice concerning my illness and/or treatment during the period of _____ and _____.

Purpose of this authorization is: (place a check mark in the blank that applies)

Further Medical Care Personal Changing Providers Legal

I authorize the release of the following protected health information. (Place a check mark in the blank that applies)

Entire Record Treatment or Test Immunizations OTHER: _____
 Laboratory/X-ray Reports Medical History, Examination, Reports

This authorization includes release of information concerning HIV testing, diagnosis, or treatment of HIV, HIV treated conditions, drug/alcohol abuse, and drug related conditions and/or psychiatric or psychological diagnosis. This authorization also authorizes the release of any and all medical records received by the office medical practice from any other healthcare facility or provider. I understand the copy of records sent to this clinic from a previous healthcare facility or provider may or may not represent a complete medical record.

Please release the above information as stated and authorized material to: (check clinic)

CLINIC	ADDRESS	PHONE	FAX
INNIS COMMUNITY HEALTH CENTER	6450 LA HWY 1 BATCHELOR, LA 70715	P) 225-492-3775	(F) 225-492-3782
LIVONIA COMMUNITY HEALTH CENTER	8387 Newfield Dr. PO Box 250 LIVONIA, LA 70755	(P) 225-412-0202	(F) 225-412-0366
MARINGOUIN COMMUNITY HEALTH CENTER	77575 Landry Dr. MARINGOUIN, LA 70757	(P) 225-625-2105	(F) 225-625-2109
NEW ROADS COMMUNITY HEALTH CENTER	230 Roberts Drive Suite H PO BOX 1127 NEW ROADS, LA 70760	(P) 225-618-7800	(F) 225-238-8330
NEW ROADS COMMUNITY HEALTH CENTER SPECIALITY SERVICES (Behavioral Health)	230 Roberts Drive Suite H PO BOX 1127 NEW ROADS, LA 70760	(P) 225-618-5959	(F) 225-238-8330
POINTE COUPEE SCHOOL BASE CLINIC	8430 Pointe Coupee Rd New Roads, LA 70760 PO Box 250 LIVONIA, LA. 70755	(P) 225-638-3767	(F) 225-638-4058
LIVONIA SCHOOL BASE HEALTH CLINIC	8387 Newfield Dr PO Box 250 LIVONIA, LA 70755	(P) 225-412-0404	(F) 225-412-0342
BRUSLY SCHOOL BASE HEALTH CENTER	230 N. Vaughn Dr. BRUSLY, LA. 70719	(P) 225-344-0008	(F) 225-343-0626

 Patient's Signature or Legal Guardian Date

 Witness of Patient's Signature or Legal Guardian Date
 (Medical Staff Member)