## Jenny Demeaux RNC, ND Preventive Health Care for Women

## **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Name:	DOB:
SSN#	_ Phone #
Information released to from: (please check) Name: Address:	Information released to from: (please check)  Jenny Demeaux RNC, ND 7829 W. 38th Ave.
Phone:	Wheat Ridge CO, 80033 Phone: (303) 399-6126 Fax: (720) 612-7368
Purpose for release of information (Please check o ☐ Attorney ☐ Insurance ☐ Doctor ☐ Othe	
INFORMATION TO BE RELEASED:  □ The most recent 2 years of pertinent inform Special tests) □ All medical records □ Specific information (Please specify)	•
	rmation regarding the diagnosis or treatment of and/or alcohol abuse, mental illness or psychiatric hese records to be released
EXCLUDE the following information from the reDrug/alcohol abuse/treatment & diagnosisHIV/AIDS diagnosis/treatment/testing	ecords released (please initial) sSexually Transmitted Disease
payment or enrollment). I may revoke this auth this authorization, please read the Privacy Noti information is being released. I understand tha disclosed reaches the noted recipient, that per- may no longer be protected under Privacy Law	at once the health information I have authorized to be son or organization my re-disclose it, at which time it ws. I understand that this authorization will expire 1 year ipulated. There is no charge for medical records if
I hereby authorize the release of the medical re	ecords specified above.
Date Signature of patient respon	nsible party authorizing release information