Kara Diersing Clapp, PhD NP-c
Family Nurse Practitioner
880 East 9400 South Suite 116
Sandy Utah 84094
Phone: 801-495-9303
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AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name:	Date of Birth:
Previous Name:	Social Security #:

I request and authorize (name of provider or clinic):

to release healthcare information of the patient named above to ☐ Doctor Kara, P.C. ☐ or the provider listed below:

Name:

Address:

City:	State:	Zip Code:

This request and authorization applies to:

☐ Doctor Kara, P.C. requests the following records to assist in consultation or assumption of primary care of the patient:

- Copy of the last 5 office visits
- Copy of the most recent history and physical completed by an MD/NP/PA
- Copy of current medication list
- Copy of current and past diagnoses/problem list
- List of specific conditions treated with controlled substances II-V at present or in the past

☐ All healthcare information

☐ Other:

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

☐ Yes ☐ No	I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.
☐ Yes ☐ No	I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

☐ **I understand that administrative charges may be incurred in obtaining my previous medical records. I agree to pay the provider or health entity issuing the records all administrative charges associated with facilitating my health care with Doctor Kara, P.C. within 30 days of the invoice date.**

Patient Signature:	Date Signed:

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.