Authorization to Obtain Protected Health Information

Patient's Name: ____

Date of Birth: _________________________ Phone: _____________________________

Carson Medical Group Physician: ____

I, ____

Hereby authorize Carson Medical Group to obtain the following protected health information from:

Person or Entity: ____

Fax: ____

Mail: ____

____

____

Unless specified otherwise, please supply the recent 2 years of medical records.
Medical Records requested:

____

____

____

I also consent to the release and any and all information regarding alcohol, drug abuse, psychiatric/mental health, communicable disease, hepatitis, AIDS and HIV.

X____ X______________________________

Patient/Guardian Signature Date

Rev 11/23/2020 – CMG/CMG Forms/HIPAA Obtain Form

Please verify receipt by calling the telephone number checked below. Please return to the sender checked below:

☐ **Family Practice**
Carson
1200 Mountain St
Carson City, NV 89703
Minden
925 Ironwood Dr, Ste 2111
Phone 775.882.1324
Fax 775.882.3859

☐ **Ear, Nose & Throat**
1200 Mountain St
Carson City, NV 89703
Phone 775.884.3687
Fax 775.884.3458

☐ **OB/GYN**
Carson
1475 Medical Pkwy
Carson City, NV 89703
Minden
925 Ironwood Dr, Ste 2111
Reno
10539 Professional Cir, Ste 200
Phone 775.883.3636
Fax 775.882.2382

☐ **Pediatrics**
Carson
1475 Medical Pkwy
Carson City, NV 89703
Minden
925 Ironwood Dr, Ste 2111
Reno
10539 Professional Cir, Ste 200
Phone 775.885.2229
Fax 775.882.5045

For office staff only:

Date received (initial & date)

Patient/Guardian Identification

Disclaimer:
The information contained in this facsimile message is intended for the sole confidential use of the designated recipients and may contain confidential information. If you have received this information in error, any review, dissemination, distribution or copying of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail or if electronic, reroute back to the sender. Thank you.