



mountainparkhealth.org

Phone Number: 602-243-7277 Fax Number: 602-323-8199 Email: HIMS@mphc-az.org

Authorization of Release of Information

Patient Full Name Date of Birth Gender
Street Address City /State/Zip Phone

TO BE RELEASED BY MOUNTAIN PARK HEALTH CENTER
TO BE DISCLOSED TO MOUNTAIN PARK HEALTH CENTER
**FORMER PATIENT OF DR EDWARD QUIROZ

Individual or Organization:
Street Address: City/State/Zip:
Phone Number: Fax Number:

Release Purpose: The purpose and limitations (if any) of requested use of disclosure is:

- At the request of the patient or personal representative; OR
Other:

Date of Service(s) From: To:
Complete Record Billing Records Immunization Records
Progress Notes Dental Records Medication Records
Specialty Consults Radiology Reports Medical Summary
Laboratory Reports X-ray or Mammogram Films Other

PREFERRED METHOD OF DELIVERY:

- Patient Portal Mail
Clinic Pick Up: Email (secure): Fax

I understand that I have the right to cancel this authorization at any time. I understand that if I cancel this authorization, I must do so in writing to the medical records department via fax to any of the fax numbers located at the bottom of this page. I understand that the cancellation will not apply to information that has already been released in response to this authorization. I understand that Mountain Park Health Center will not condition or deny treatment, payment, enrollment in a Health Plan or eligibility for benefits on my signing the authorization.

This authorization will expire on the following date, event or condition. If I fail to specify an expiration date, event or condition, this authorization will expire in 90 days.

I understand that this authorization may include information related to AIDS/HIV and/or sexual transmitted infections, behavioral or mental health, substance or alcohol abuse treatment, and/or genetic information.

I understand that authorizing the disclosure of my health information is voluntary. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Patient Signature Patient Name Date
Guardian or Legal Representative Signature Relationship to Patient Date

Tempe
1840 E. Broadway Rd.
Tempe, AZ 85282

Baseline
635, 325, 303 E. Baseline Rd.
Phoenix, AZ 85042

Maryvale
6601 W. Thomas Rd.
Phoenix, AZ 85033

Goodyear
140 N. Litchfield Rd. Suite 200
Goodyear, AZ 85338

Gateway
3830 E. Van Buren St.
Phoenix, AZ 85008

Glendale
6975 W. Glendale Ave.
Glendale, AZ 85303

Christown
5517 N. 17th Ave
Phoenix, AZ 85015

Atkinson
4222 N. 51st Ave.
Phoenix, AZ 85031

Balsz
1300 N. 48th Street
Phoenix, AZ 85008