VECTOR Health & Wellness, LLC
1267 N Steamboat Dr Ste 3, Fayetteville, AR 72704
Phone: 479-316-6565 | **Secure Fax: 479-316-0331**
Email: info@vectorhealthnwa.com

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

LEGAL Last Name: _____ **LEGAL** First Name: _____

LEGAL Middle Initial: _____ **Previous Name(s) Used:** _____

Date of Birth: _____ **Last 4 digits** of Social Security Number:_____

Address: _____

_____

Phone: _____ **Email:** _____

I authorize VECTOR Health & Wellness to *OBTAIN* medical records *FROM* the provider below:

Practice/Provider Name:_____

Address (or email): _____

Phone: _____ Fax: _____

_____ **(initial) **I understand that these records are considered especially sensitive and authorize them to be released to VECTOR Health & Wellness, LLC for use in determining ongoing treatment related to these conditions.**

Information to be released:

☐ Office Notes	Dates _____
☐ Labs/Imaging/Studies	Dates _____
☐ Procedures	Dates _____
☐ STI/STD Records	Dates _____
☐ Including HIV related records**	Dates _____
☐ Mental Health Records**	Dates _____
☐ Including psychotherapy notes**	Dates _____
☐ Drug/Alcohol Abuse**	Dates _____
☐ Other Records_____	Dates _____

OR: ☐ Entire Medical Record **with / without** ☐ HIV records** ☐ Mental Health records** ☐ Drug/Alcohol Abuse**

This authorization expires in three (3) years OR on the following date: _____

I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

Patient/Legal Guardian Signature: _____ Date: _____

Printed Name (if not the patient): _____ Relationship to patient: _____

Staff Initials: _____ Date of ROI Receipt/Review: _____ Updated 9/29/23 - SH