GEENENS PSYCHIATRY, PA

4901 W. 136TH ST., LEAWOOD, KS 66224
PHONE: (913) 392-2400 FAX: (913) 276-7274

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

PATIENT INFORMATION

Last Name: _____ First Name: _____MI:_____

DOB: _____ Phone Number: _____ Email Address: _____

Address: _____ City: _____ State: _____Zip Code: _____

RELEASE OF INFORMATION TO FACILITY

I authorize the release of my medical records to the following medical provider:

Name of Facility:_____ To the attention of: _____

Address: _____ City: _____ State: _____Zip Code: _____

Phone Number:_____ Fax Number:_____Email:_____

RELEASE OF INFORMATION TO OTHERS

I authorize the following individual(s) access to my medical records at Geenens Psychiatry:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

ACKNOWLEDGEMENT

I authorize Geenens Psychiatry to release confidential information about me, by releasing a copy of my medical records, or by a summary/narrative of my psychiatric information to the facilities/physicians/individuals listed above.

I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present it to Geenens Psychiatry Administration via email, regular mail, fax or in person. Revocation will not apply to information that has already been released in response to this authorization. I certify that a photocopy of this authorization is as valid as the original.

I acknowledge and certify that I am indeed the individual signing this authorization. Falsifying a signature is fraud and is punishable by Federal Law.

Patient/Authorized Representative Printed Name: _____Date: _____

Patient/Authorized Representative Electronic Signature: _____

Authorized Representative Relationship to Patient: _____

You may upload this form at www.geenenspsychiatry.com or you can email it to our administrative team adaniel@geenenspsychiatry.org blaireg@geenenspsychiatry.org