



(480) 980-5794

3301 N Miller Road, Suite #130
Scottsdale, AZ 85251
(480) 428-4251 fax

Medical Records Release

Patient Legal Name	Date of Birth	
<hr/>		
Address	Phone #	
<hr/>		
City	State	Zip

I hereby authorize the release of all protected health information of the person listed above to Dr. Ann Lovick and Dr. Wendy Dickerson.

Valley Natural Medical Center
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Scottsdale, AZ 85251
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Please mail or fax the last two years of selected records:

- Lab imaging Reports/Consult Notes Summary
 Complete Medical Records

I acknowledge that records shall include all communicable disease-related information (as defined in ARS 36-3661), confidential alcohol or drug abuse information, and confidential mental health diagnosis and treatment information.

I understand that this authorization may be revoked by me at any time except to the extent that action has been taken in reliance upon it.

I understand that there may be a fee involved with the fulfillment of this request.

I have read the above and authorize the disclosure of the protected health information.

Signature of Patient/Parent/Legal Guardian	Date
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