MOWERY CLINIC, L.L.C.

737 East Crawford St • Salina, KS 67401 Phone (785) 827-7261

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I,		
	(Patient's Full Name)	(Patient's Birthdate and SSN)
do hereby author		
	(Clinic or Doctor's Name and Co	omplete Address)
	mation contained in my medical records, including an y care, to the individual or facility listed below:	y pathological, x-ray, or laboratory data which might prove
1.	Name of individual or organization and address to	whom records should be disclosed:
	Salina Regional Health Center Gastroenterology	
	5	
2.	Extent or nature of information to be released, (including dates of treatment if possible):	
	All records related to care provided by D	r. Paul Johnson, Dr. Jesica Brown, and
Kaylee Wiens, PA		
	eases, drug and/or alcohol, abuse, mental illness or psy	diagnosis or treatment of HIV (AIDS virus), other sexually vehiatric treatment. I give my specific authorization for these
	that this consent is subject to revocation at any time event, this consent will expire 90 days from the date	except to the extent that action has been taken in reliance of signature unless previously revoked.
A copy or photo	ocopy of this authorization will serve the same validity	y as though an original had been presented.
Fax completed	form to Dr. Mowery Clinic Medical Records	at (785) 827-6334
Signature of Patient or Legal Guardian		Date
Witness		

Prohibition on redisclosure: This information which has been disclosed to you from confidential records may be protected by federal law. Federal regulations (42 CRF part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party may not be sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of a first offense, and not more than \$5,000 in case of each subsequent offense.

Drug Abuse Office and Treatment Act of 1972 (21 USC 1175) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1070 (42 USC 4582, Federal Register, Vol. 40, No. 127 Tuesday, July 1, 1975).

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Submit this release to Mowery Clinic by one of the following ways:

By Fax

(785) 827-6334

By Mail or bring to the clinic:

Mowery Clinic 737 E Crawford St. Salina, KS 67401