Progressive Healthcare Group
300 S Ocotillo - P.O. Box 1819
Benson, AZ 98602
Phone: 520-586-9111 Fax:520-586-9091

REQUEST FOR RELEASE OF MEDICAL RECORDS

I Authorize Progressive Healthcare Group to obtain protected health information from the records of:

Patient Name: **Date of birth**:

Address: Phone:
SS#: MR#:

Covering periods(s) of health care from (date)_____ to (date)_____

This information is to be released **FROM**: **NAME**_____

Address:_____ **Phone/fax**:_____

Information to be disclosed: Complete written record or selected information as checked.

	Complete written record		Procedures Reports
	Discharge summary		Progress notes
	History & physical		Laboratory tests
	Consultation		X-rays
	Other (please specify)		

I Understand that this may include information relating to the following and I agree to its release unless I indicate **NO**.

Yes_____ **No**_____ Aids (infection)
Yes_____ **No**_____ Behavioral Health Care
Yes_____ **No**_____ Treatment for alcohol/drug abuse
Yes_____ **No**_____ Genetic Counseling testing

I understand this information may be revoked in writing at any time, except to the extent that action has been taken based upon authorization.

Signature of Patient or Legal Representative:_____

Printed Name Patient or Legal Representative:_____

Relationship to/or authority to act for Patient:_____

Signature of witness:_____ Date:_____