



**AUTHORIZATION TO DISCLOSE  
PROTECTED  
HEALTH  
INFORMATION**

PATIENT NAME (PLEASE PRINT)		DATE OF BIRTH	
NAME OF PERSON OR ORGANIZATION AUTHORIZED TO RECEIVE INFORMATION		PHONE #:	
ADDRESS			
CITY		STATE	ZIP
PURPOSE FOR DISCLOSURE			
DATE(S) OF SERVICE			
RELEASE INFORMATION FROM			
<input type="checkbox"/> All YRMC facilities	<input type="checkbox"/> YRMC West <input type="checkbox"/> PMI	<input type="checkbox"/> YRMC East <input type="checkbox"/> PCD	<input type="checkbox"/> YRMC DEW <input type="checkbox"/> Vein Center
<input type="checkbox"/> All YRMC PhysicianCare offices	<input type="checkbox"/> ACO1 Florentine <input type="checkbox"/> BMC Bagdad Clinic <input type="checkbox"/> CM1 Ainsworth <input type="checkbox"/> CM2 Florentine <input type="checkbox"/> CM3 Gail Gardner <input type="checkbox"/> FM1 Florentine <input type="checkbox"/> FM3 Gail Gardner	<input type="checkbox"/> FM5 Chino Valley <input type="checkbox"/> G11 Ainsworth <input type="checkbox"/> IM1 Clearwater <input type="checkbox"/> IO1 Ainsworth <input type="checkbox"/> NM1 Ainsworth <input type="checkbox"/> OM1 Gail Gardner <input type="checkbox"/> PC1 Florentine	<input type="checkbox"/> PM1 Centerpointe <input type="checkbox"/> PP1 Division <input type="checkbox"/> SP1 Division <input type="checkbox"/> SP2 Florentine <input type="checkbox"/> SP3 Ainsworth <input type="checkbox"/> SP4 Ainsworth
INFORMATION TO BE RELEASED			
<input type="checkbox"/> History and Physical	<input type="checkbox"/> Laboratory Report	<input type="checkbox"/> YRMC/PVMI Radiology Report	<input type="checkbox"/> Medical Records on CD
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Pathology Report	<input type="checkbox"/> Images on CD	
<input type="checkbox"/> Consultation Report	<input type="checkbox"/> EKG/ECHO Report	<input type="checkbox"/> PMI Radiology Report	<input type="checkbox"/> Billing Records
<input type="checkbox"/> Operative/Endoscopy Report	<input type="checkbox"/> Respiratory Report	<input type="checkbox"/> Images on CD	
<input type="checkbox"/> Cath/Angio Report	<input type="checkbox"/> Rehabilitation Report		
<input type="checkbox"/> ER Record	<input type="checkbox"/> Immunization Records		
<input type="checkbox"/> Clinic Notes	<input type="checkbox"/> Other:		
SENSITIVE INFORMATION TO BE DISCLOSED			
<input type="checkbox"/> AIDS/HIV and other communicable disease			
<input type="checkbox"/> Behavioral health care /mental health/psychiatric care			
<input type="checkbox"/> Alcohol and/or drug abuse treatment			
<input type="checkbox"/> Genetic testing information			
<input type="checkbox"/> Treatment consented by a minor (12 years or older) that is protected by State and Federal Law (AIDS/HIV, contraception, prenatal care, abortion, sexually-transmitted diseases, sexual assault, alcohol and/or drug abuse)			

I hereby authorize Yavapai Regional Medical Center (YRMC) and YRMC PhysicianCare to furnish to the Authorized Person or Organization named above a copy of the information related to type of care or service(s) indicated above that was provided to the Patient for the date(s) stated above.

This authorization will be considered invalid after one year OR based on expiration date or event as noted here.

EXPIRATION DATE OR EVENT

I may revoke this authorization at any time, with some exceptions, except to the extent YRMC has already taken action based on this authorization. A revocation of this authorization will not apply to information that has already been released in response to this Authorization. I may revoke this authorization by providing written notice of revocation to YRMC's Health Information Management Department.

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I understand that: (1) authorizing the disclosure of this health information is voluntary; (2) treatment, payment, or enrollment or eligibility for benefits is not conditional based on this authorization; and (3) if this information is disclosed to a third party, the information may no longer be protected by the federal privacy regulations and may be re-disclosed by the person or organization that receives the information.

I understand the matters discussed on this form, and I received a copy. I release the provider, its employees, officers and directors, medical staff members, and business associates from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein.

SIGNATURE OF PATIENT OR LEGALLY AUTHORIZED REPRESENTATIVE	DATE
NAME OF PERSON SIGNING (PRINTED)	
DESCRIPTION OF REPRESENTATIVE'S AUTHORITY TO ACT FOR PATIENT	
RELATIONSHIP TO PATIENT	

YRMC West  
Yavapai Regional Medical Center West  
1003 Willow Creek Rd  
Prescott

YRMC East  
Yavapai Regional Medical Center East  
7700 E. Florentine Rd  
Prescott Valley

YRMC DEW  
YRMC Del E. Webb Outpatient Center  
3262 N. Windsong Dr,  
Prescott Valley

PMI  
Prescott Medical Imaging  
810 Whipple St  
Prescott

PVMI  
Prescott Valley medical Imaging  
7700 E. Florentine Rd, Bldg B, Ste. 105  
Prescott Valley

PCD  
Prescott Cardiology Diagnostics  
726 Gail Gardner Way  
Prescott

PVCD  
Prescott Valley Cardiology Diagnostics  
7700 E. Florentine Rd, Bldg B, Ste. 206  
Prescott Valley

Vein Center  
3262 N. Windsong Drive  
Prescott Valley

AC01 Florentine  
Wellness Care  
7800 E. Florentine Rd, Prescott Valley

BMC Bagdad Clinic  
PhysicianCare Family Medicine  
12 Hope Dr, Bagdad

CM1 Ainsworth Dr.  
PhysicianCare Cardiology  
802 Ainsworth Dr, Ste. A, Prescott

CM2 Florentine  
PhysicianCare Cardiology  
7700 E. Florentine Rd, Bldg B, Ste. 206,  
Prescott Valley

CM3 Gail Gardner  
PhysicianCare Cardiology  
726 Gail Gardner Way, Ste. B, Prescott

FM1 Florentine  
PhysicianCare Primary Care  
7700 E. Florentine Rd, Bldg B, Ste. 101,  
Prescott Valley

FM3 Gail Gardner  
PhysicianCare Family Medicine  
1050 Gail Gardner Way, Ste. 300, Prescott

FM5 Chino Valley  
PhysicianCare Family Medicine  
875. State Rte 89, Chino Valley

G11 Ainsworth  
PhysicianCare Gastroenterology  
810 Ainsworth Dr, Ste. A, Prescott

ID1 Ainsworth  
PhysicianCare Infections Disease  
811 Ainsworth Ste. 103 Prescott

IM1 Clearwater  
PhysicianCare Internal Medicine  
3120 Clearwater Dr, Prescott

NM1 Ainsworth  
Physician Care Neurology  
820 Ainsworth Dr, Ste. A, Prescott

OM1  
Physician Care Occupational Medicine  
1050 Gail Gardner Way, Ste. 100

PC1 Florentine  
PhysicianCare Palliative Care  
7880 E. Florentine Rd, Prescott Valley

PM1 Centerpointe  
PhysicianCare Pediatrics  
2120 Centerpointe West Dr, Prescott Valley

PP1 Division  
PhysicianCare Pain Mgmt\Psychiatry  
1003 Division St, Ste. 7, Prescott

SP1 Divison  
PhysicianCare Neurosurgical Medicine  
and Physiatry  
1001 Division St, Prescott

SP2 Florentine  
PhysicianCare Breast Surgery  
7700 E. Florentine Rd, Bldg B, Ste. 203,  
Prescott Valley

SP3 Ainsworth  
PhysicianCare Surgery  
810 Ainsworth Dr, Ste. B Prescott

SP4 Ainsworth  
PhysicianCare Surgery  
811 Ainsworth Dr Ste.103, Prescott

REQUEST COMPLETED BY	DATE REQUEST COMPLETED	
DEPARTMENT	MR #	ACCT #