Sparks Family Medicine, Ltd.

10155 W. Twain Ave., Suite 110
Las Vegas, Nevada 89147
(702) 722-2200 Phone
(702) 722-2201 Fax

Medical Records Release 2 *(From SFM)*

_____ _____
(Name of Patient) (Birthdate)

_____ _____
(Street Address) (City, State, ZIP Code)

Authorizes:

_____
(Name of Physician)

Sparks Family Medicine, Ltd.

10155 W, Twain Ave, Suite 110

Las Vegas, Nevada, 89147

(702) 722-2201 Fax (702) 722-2200 Phone

Release of Records to:

_____
(Name of Physician)

_____
(Name of Group/Entity)

_____
(Street Address)

_____
(City, State, ZIP Code)

_____
(Fax) (Telephone)

Information to be Released:

☐ **All Clinic Records** ☐ Visual Fields ☐ Allergy Records
☐ Eye Records ☐ X-Ray Reports ☐ Lab Reports
☐ Office Notes ☐ Immunization Records ☐ Electrocardiograms
☐ Photographs ☐ X-Ray Films (Specify): ☐ Other (Specify):

_____ _____

For the Following Dates: _____

In compliance with state statutes which require special permission to release otherwise privileged information, please release records pertaining to:

☐ Mental health ☐ AIDS test results ☐ Developmental disabilities
☐ Drug abuse ☐ Other: ☐ AIDS-related disease diagnosis
☐ Alcoholism _____

Purpose or need for disclosure: (check applicable categories)

☐ Further medical care ☐ Payment of insurance claim ☐ Legal investigation
☐ Application for insurance ☐ Personal ☐ Other
☐ Disability determination ☐ Vocational rehabilitation evaluation

I understand that this authorization shall be valid for one (1) year unless otherwise stated below or revoked through written notice. (Alternate date if not one year): _____
I authorize release of my medical records in accordance with the specifications listed above. I understand written notice is necessary to cancel this request.

Signature of Patient _____ Date _____
⬇(If signed by person other than patient, state relationship and authorization to do so)⬇

_____ _____
(Authorized signature) (Relationship)

Patient is: ☐ Minor ☐ Incompetent ☐ Disabled ☐ Deceased
Legal Authority: ☐ Legal ☐ Legal guardian ☐ Next of kin of deceased