



Premier Diabetes Care, PLLC

6101 123rd Ave SE Unit B, Snohomish, WA 98290
425-318-7144 (800) 516-6570 Fax 949-404-6552

<http://www.premierdiabetescare.com>

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

I, the person named above, hereby authorize **Premier Diabetes Care** to

- Request health information from the facility or provider below
- Send health information to the facility or provider below

Name of Facility or Provider: _____

Address: _____

Phone: _____ Fax: _____

Scope of Health Information Request

- All health information during the last 3 visits within the last 12 months
- All health information between the dates of _____ and _____
- Other information (specify): _____

Authorization

This authorization will be **expired once the requested information is received or sent** unless the exact date or timeline is specified: _____

Signature: _____ Date: _____

Name of Representative: _____ Relationship: _____

PLEASE NOTE: We can only release information which has been created by us, including chart notes, lab results, summaries, and consultation reports. Records created by other providers, hospitals, or other healthcare facilities must be obtained directly from them. There may be a fee associated with the copying of your records. You are entitled to one copy free of charge for personal use. Additional copies and future releases to you and other providers may be subject to a reasonable fee. Please contact our office for more information.