



# AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

## SCOTTSDALE HEALTHCARE MEDICAL GROUP (SHMG)

### 1. PATIENT IDENTIFYING INFORMATION:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Date(s) of service(s): \_\_\_\_\_

#### A. Release of medical records FROM SHMG: I authorize SHMG to release my medical records as I have indicated in **Section 2.** below:

Disclose to: \_\_\_\_\_  
 If Records going to patient check one:  Mail  Pick up  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ FAX (*continuing care reasons only*) \_\_\_\_\_

#### B. Release of records from another healthcare provider TO SHMG:

I authorize \_\_\_\_\_ to release my medical records to SHMG as I have indicated in **Section 2** below. *Note: Please mail records to the SHMG office circled below or FAX to \_\_\_\_\_*

### 2. SPECIFIC DESCRIPTION OF INFORMATION TO BE DISCLOSED (*check all that apply*):

Entire Record  Other (specify) \_\_\_\_\_

#### Specific description of the purposes of the disclosure:

Continued Patient Care  Workers' Compensation  Insurance/Payment of Care  
 The disclosure is at the patient's request.  Other (specify) \_\_\_\_\_

#### I authorize the provider to use or disclose information related to:

AIDS/HIV/Communicable Diseases  Genetic testing results  Mental Health  Alcohol and/or Drug Abuse

I understand that SHMG will not condition treatment on my signing this authorization. SHMG will not deny me treatment if I do not wish to sign this form. I may refuse to sign this authorization form. I also understand that I may revoke this authorization at any time, with some exceptions. For more details on when I can and cannot revoke this authorization, I can read SHMG's Notice of Privacy Practices. To revoke my authorization, I must submit a written request to the SHMG that maintains my records. Unless I *revoke* this authorization earlier, it will expire upon its completion or *90 days* from date of signature, whichever comes first. I understand that, 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.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Representative

\_\_\_\_\_  
Relationship to Patient or Description or Authority to Act for Patient

### Scottsdale Healthcare Medical Groups

**SHC Primary Care Arcadia 100**  
 4840 E. Indian School Rd, #100  
 Phoenix, AZ 85018  
 Ph: 602-508-2900  
 Fax: 602-952-9432

**SHC Primary Care Tempe**  
 1845 W. Broadway Rd  
 Ste 115, Tempe, AZ  
 85282  
 Ph: 480-882-7380  
 Fax: 480-966-3403

**Scottsdale Heart Group, SHC**  
 10101 N. 92nd St., Ste 100  
 Scottsdale, AZ 85260  
 Ph: 480-860-1919  
 Fax: 480-860-1580

**SHC Bariatric Center**  
 10200 N. 92nd St., Ste xxx  
 Scottsdale AZ 85260  
 Ph: 480-391-3885  
 Fax: 480-391-3898

**SHC Primary Care Osborn**  
 7301 E. 2nd St, Ste 300  
 Scottsdale, AZ 85251  
 Ph: 480-949-9047  
 Fax: 480-994-5586

**SHC Primary Care PV**  
 5010 E. Shea Blvd, #100  
 Scottsdale, AZ 85254  
 Ph: 480-882-7420  
 Fax: 480-951-5220

**SHC Primary Care Arcadia 101**  
 4840 E. Indian School Rd, #101  
 Phoenix, AZ 85018  
 Ph: 602-224-1900  
 Fax: 602-224-9444

**SHC Primary Care Tpk**  
 20401 N. 73rd St., Ste 105  
 Scottsdale, AZ 85255  
 Ph: 480-505-3484  
 Fax: 480-505-3348

**SHC G & E**  
 3501 N. Scottsdale Rd, Ste320  
 Scottsdale, AZ 85251  
 Ph: 480-424-7228  
 Fax: 480-424-7317

**SHC Surgical & Trauma Spec**  
 3501 N. Scottsdale Rd, Ste 320  
 Scottsdale, AZ 85251  
 Ph: 480-882-5455  
 Fax: 480-882-4276

**SHC Neurology**  
 10250 N. 92nd St.,  
 Scottsdale, AZ 85260  
 Ph: 480-451-6798  
 Fax: 480-451-0971

**Thompson Peak GI**  
 20401 N. 73rd St., Ste 210  
 Scottsdale, AZ 85255  
 Ph: 480-945-2321  
 Fax: 480-946-3711

**Ctr for Endo & Pancreas Surg**  
 10290 N. 92nd St., Ste 305  
 Scottsdale, AZ 85260  
 Ph: 480-323-1281  
 Fax: 480-323-1281