

Brett Yamane MD, PLLC
1817 Queen Anne Ave N, Suite 406
Seattle, WA 98109
Ph (206) 755-8899

Authorization to Release Protected Health Information (PHI)

Patient Name: _____ Date of Birth: _____

- I authorize Brett Yamane, MD to discuss with and/or to release medical records related to my care and treatment to the individual or organization listed below.
- I authorize the individual or organization listed below to discuss with and/or release medical records related to my care and treatment to Brett Yamane, MD.

Name (Individual and/or Organization) _____
Relationship to Patient _____
Phone Number _____ Fax Number _____
Address _____ City _____ State _____ Zip _____

Protected Health Information may be exchanged by: Phone Fax Mail
Reason for Disclosure: _____

You may use or disclose the following Protected Health Information (check all that apply):

- All Health care information in my medical record
- Health care information in my medical record relating to the following treatment or condition: _____
- Health care information in my medical record for the date(s): _____
- Discharge/interim summaries Diagnostic lab/test results, specify date(s) _____
- Mutual exchange of information
- Other _____

My Rights:

*I understand that this authorization, unless expressly limited by me in writing, will extend to all aspects of treatment, including medical illness, testing and/or treatment for sexually transmitted diseases, HIV infection, alcohol and/or drug use, and mental health conditions.

*I understand that this authorization will:

- continue indefinitely until either I revoke it or 90 days after termination of treatment or
- expire on _____

*I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment, or enrollment). However, I do have to sign an authorization form:

- To take part in a research study or
- To receive health care when the purpose is to create health care information for a third party

*I may revoke this authorization in writing. If I did, it would not affect any actions already taken by Brett Yamane MD, PLLC based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are:

- Fill out a revocation form. A form is available from Brett Yamane MD, PLLC or
- Write a letter to: Brett Yamane MD, PLLC

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*Once health care information is disclosed, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

Patient Signature _____ Date _____

Printed Name (Patient) _____