

# Courage Center Physicians'Associates

3915 Golden Valley Road  
Golden Valley, MN 55422



## Authorization to Disclose Protected Health Information

Communication between Courage Center Physicians Associates and your Primary Care Physician and other medical providers is important to ensure that you receive comprehensive and quality health care. Your Protected Health Information (PHI) can not be released without your signed authorization. This form will allow your Protected Health Information (PHI) to be shared between your physician specialists at Courage Center and your outside medical providers. This PHI may include diagnosis, treatment plan, and medication if necessary.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### Patient Authorization

I agree to release the following:

- Physician Clinical Notes
- Radiology Reports of X-rays, MRI, and CT Scans
- Surgical Reports
- Neuropsychological Testing
- Hospital Records, including history and physical exams and discharge summary
- Labwork
- Other \_\_\_\_\_
- Do not release \_\_\_\_\_

Release To  Obtain From:

Release To  Obtain From:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose of this disclosure is to provide Continuity of Medical Care.

This release shall be in effect for 12 months following the date of my signature. A photocopy is as valid as the original.

### Patient Rights (Initial):

\_\_\_\_\_ I understand that I can end/revoke this authorization (permission to use or disclose information) at any time by contacting (763) 520-0451.

\_\_\_\_\_ I understand that I have a right to a copy of this signed authorization. (Please keep a copy for your records.)

\_\_\_\_\_ I understand that I do not have to agree to this request to disclose information.

I have read and understand the information and give my authorization.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**PLEASE FAX MEDICAL RECORDS TO (763) 520-0869**