

Nickel Obstetrics & Gynecology

222 North J Street Suite A, Tacoma WA 98403 Phone (253) 572-4664 Fax (877) 795-9868

Requesting Records (Form K)

Nickel Obstetrics and Gynecology is requesting the medical records of the patient listed below **to be sent to Dr. Adam Nickel**. Please send the requested information only.

Date: ___/___/___

Patient Name: _____ Date of Birth: _____

Phone Number: (____) _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical records being requested:

- Full Medical Record
- Partial record: (please list specific records and dates of service)

I request and authorize: _____; Fax # _____
to release my health care information to Dr. Adam T. Nickel, and to Nickel Obstetrics & Gynecology.

I understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. You are specifically authorized to release all health care information relating to such diagnosis, testing, or treatment.

Signature of patient or authorized representative

Date

Relationship to signee: _____

This authorization expires 365 days after this request.