BioIntelligent Wellness

Phone: 858 228 3644
Fax: 858 228 3641
www.BioIntelligentWellness.com

Solana Beach
124 Lomas Santa Fe, Suite 206
Solana Beach CA 92075

Carlsbad
7220 Avenida Encinas, Suite 110-B,
Carlsbad, CA 92011

Authorization Release Healthcare Information

⚠ This Authorization expires 90 days after it is signed

Patient's Full Name _____ Previous Name _____ Patient's Date of Birth _____ Social Security # _____

I request and authorize _____

to release healthcare information of the patient named above to

BioIntelligent Wellness, 124 Lomas Santa Fe Drive Suite 206, Solana Beach, CA, 92075

This request and authorization applies to

☐ **Healthcare information relating to the following treatment, condition, or dates**

☐ **All healthcare information**

☐ **Other**

_____

Definition

Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea

☐ I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

☐ I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient's Signature _____ Date _____