



515 North 3<sup>rd</sup> Street, Burlington, Iowa 52601  
Phone: (319) 428-9355 Fax: (319) 671-6580

**Medical Records Release**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**I hereby authorize the release of the following health information:**

☐ Complete Record ☐ Immunization Record ☐ Physicals ☐ Lab/X-Ray Reports  
☐ Sick Visits ☐ Other \_\_\_\_\_ ☐ Date Range: \_\_\_\_\_ to \_\_\_\_\_

**Comments:** \_\_\_\_\_

**The following information will only be released with your initials on the line next to it:**

☐ Mental Health (including ADHD/ADD) ☐ Alcohol Drug Information  
☐ Sexually Transmitted Diseases/Testing ☐ HIV Testing & Results  
☐ Pregnancy ☐ Abortion ☐ Sexual Assault

**Reason for Request:**

☐ Healthcare/Specialist ☐ Legal ☐ Personal ☐ Moving ☐ Transferring Care  
☐ Change of Insurance ☐ Adult Care ☐ Dissatisfied with Care (explain below) ☐ Other (explain below)

**Comments:** \_\_\_\_\_

**Records to be sent to:**

Innovaire Primary Health  
515 North 3<sup>rd</sup> Street  
Burlington, Iowa 52601  
Phone: 319-428-9355 Fax: 319-671-6580

**Records to be sent from:**

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

\_\_\_\_\_  
Person Completing Form (Print Name)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Person Completing Form (Signature)

\_\_\_\_\_  
Date

In accordance with current standards and laws, your signature on this form authorizes us to release your medical records to the requested individual or entity. Please consider that our records may contain records from another health care provider or hospital. If you do not want this portion of your record forwarded, you must inform us at the time this form is signed. Please note that we are not otherwise responsible for this info.