



**Inflow Therapy, LLC**  
**www.InflowTherapy.Health**

4222 W. Emerald St.  
Boise, ID 83706  
(208) 901-8556

**PATIENT AUTHORIZATION FORM FOR RELEASE OF RECORDS**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please Print)

Authorizes the release/exchange of information between the following parties:

TO / FROM:

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

TO / FROM:

Inflow Therapy LLC

\_\_\_\_\_  
4222 W. Emerald St, Boise ID 83706

Phone: 208-901-8556

Fax: \_\_\_\_\_

**Specified Information Requested:**

\_\_\_\_ Records pertaining to \_\_\_\_\_  
\_\_\_\_ Lab/Test Results  
\_\_\_\_ Verbal Communication  
\_\_\_\_ Comprehensive Assessment  
\_\_\_\_ Mental Status Exam  
\_\_\_\_ Latest Progress Notes  
\_\_\_\_ Treatment Plan

\_\_\_\_ Hospital Discharge  
\_\_\_\_ Physician Orders  
\_\_\_\_ Complete Records including notes and  
laboratory results (only if requested by provider)  
\_\_\_\_ Neuropsychological Evaluation  
\_\_\_\_ Other \_\_\_\_\_

Purpose for release of information: Coordination of Care

I understand that my records are protected under the Federal confidentiality regulations (42 CFR Part 164) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. This information released/exchanged is subject to conditions identified in Inflow Therapy LLC Notice of Privacy Practice in compliance with HIPPA regulations. Inflow Therapy doesn't redistribute information not originally generated by its staff or contractors.

The above individual acknowledges and hereby consents to such, that the released information may contain alcohol, abuse, psychiatric, HIV /AIDs testing or results. \_\_\_\_\_. Unless initialed here this information is deemed permissible to release.

I hereby consent to the release of the above requested information. This consent will expire **ONE YEAR** after the date it is signed, or sooner at my written request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Patient or legal guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

Released Date: \_\_\_\_\_ Fax or Mail: \_\_\_\_\_ by: \_\_\_\_\_