

## Medical Record Request Information

### General Medical Record Contact Information

Connections Health Solutions  
Attn: Medical Records Department  
2390 East Camelback Road, Suite 400  
Phoenix, AZ 85016  
(602) 416 – 7657

### Medical Records Information by state

#### To send requests use information below:

##### Arizona

Email: [medicalrecords@Connectionshs.com](mailto:medicalrecords@Connectionshs.com) Fax: 602-362-3231

##### Montana

Email: [medicalrecordsMT@Connectionshs.com](mailto:medicalrecordsMT@Connectionshs.com) Fax: 602-362-3231

##### Virginia

Email: [medicalrecordsVA@Connectionshs.com](mailto:medicalrecordsVA@Connectionshs.com) Fax: 703-270-0005

##### Washington

Email: [medicalrecordsWA@Connectionshs.com](mailto:medicalrecordsWA@Connectionshs.com) Fax: 425-217-1179

##### Pennsylvania

Email: [medicalrecordsPA@connectionshs.com](mailto:medicalrecordsPA@connectionshs.com) Fax: 717-408-9284

**Third Party Authorization to Use/Disclose Health and Substance Use Disorder Information**

I, \_\_\_\_\_ authorize \_\_\_\_\_ to disclose my health  
(Name of patient) (Name of provider)  
information and substance use disorder records as described below.

**1. Information to be disclosed.** I authorize the disclosure of the following information.

\_\_\_ All of my medical records (I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), mental health and substance use. Documents included in medical record may include assessments, diagnostic information, treatment plans, medication information, Psychiatric evaluation, clinical progress notes (including progress in treatment), labs, financial and insurance information, discharge information, and any other information used to make decisions about your treatment)

Or only the medical records and/or substance use information in the following specific types of records (please check each area)

\_\_\_ Medication(s) dosing/progress notes      \_\_\_ Assessments      \_\_\_ Progress in Treatment/Verification  
\_\_\_ Treatment plan      \_\_\_ Psychiatric Evaluation      \_\_\_ Clinical Progress Notes      \_\_\_ Lab results  
\_\_\_ Appointments      \_\_\_ Diagnostic information      \_\_\_ Insurance info/demographic      \_\_\_ Financial  
\_\_\_ Discharge Summary      \_\_\_ Other(specify) \_\_\_\_\_

**Dates of Services to be disclosed**    \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**2. Recipient:** \_\_\_\_\_  
(Name of person or organization to which disclosure is to be made)      (Address)

Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

**3. Purpose of disclosure:**    \_\_\_ Continuity of Care      \_\_\_ Coordinating treatment      \_\_\_ Emergency Contact  
\_\_\_ Payments/Benefits      \_\_\_ Administration      \_\_\_ Other \_\_\_\_\_

Information disclosed based on this Authorization may be re-disclosed by the recipient and may no longer be protected by federal or state privacy regulations, except that federal law prohibits the recipient from redisclosing substance use disorder information without additional consent. In some cases, state or federal law may also restrict redisclosure of HIV/AIDS or STD information, mental health information, and genetic testing information. I understand that Connections Health Solutions will not deny me treatment services if I refuse to sign an authorization to release information.

**4. Expiration.** I may revoke this consent in writing at any time by mail (Connections Health Solutions, Attn Medical Records, 2390 E. Camelback Rd, Suite 400, Phoenix, AZ 85016), email [medicalrecords@connectionshs.com](mailto:medicalrecords@connectionshs.com) fax 602-362-3231 or verbally by calling 602-416-7624. I understand that the revocation will not be effective retroactively for information disclosures that have already occurred. If not previously revoked, this consent will terminate either:

☐ **In one year from the date of signature; OR**  
☐ **Upon a specific date, event, or condition as listed here:** \_\_\_\_\_  
(Specific date, event or condition)

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_ Medical Record Number \_\_\_\_\_

If the individual is unable to sign due to legal incapacity, the signature of the individual's personal representative is required. Documentation of the personal representative's legal authority must be attached.

Signature of Personal Representative: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Authority: \_\_\_\_\_

**By signing below, I am revoking this Consent for the Release of Confidential Health Information.**

**Patient Revocation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This record which has been disclosed to you is protected by Federal confidentiality rules (42 C.F.R. Part 2). These rules prohibit you from using or disclosing this record, or testimony that describes the information contained in this record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against the patient, unless authorized by the consent of the patient, except as provided at [42 CFR 2.12\(c\)\(5\)](#) or as authorized by a court in accordance with [42 CFR 2.64](#) or [2.65](#). In addition, the Federal rules prohibit you from making any other use or disclosure of this record unless at least one of the following applies: (i) Further use or disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or as otherwise permitted by [42 CFR part 2](#). (ii) You are a covered entity or business associate and have received the record for treatment, payment, or health care operations, or (iii) You have received the record from a covered entity or business associate as permitted by [45 CFR part 164, subparts A and E](#). A general authorization for the release of medical or other information is NOT sufficient to meet the required elements of a written consent to further use or redisclose the record. 42 CFR part 2 prohibits unauthorized use or disclosure of these records.