Accurate Clinic
2401 Veterans Memorial Blvd. Suite16
Kenner, LA 70062 - 4799
Phone: 504.472.6130 Fax: 504.472.6128

www.AccurateClinic.com

Information Request Form

Date: _____ **Name:** _____

DOB: _____ **AGE:** _____ **SSN:**_____

Address: _____
Street City State ZipCode

I authorize:

Name: _____ Specialty: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

To Release Information To:

Accurate Clinic
2401 Veterans Memorial Blvd. Suite 16 Kenner, LA 70062
Phone: (504) 472-6130 Fax: (504) 472-6128

I authorize the release of the following protected health information:

Approximate date of most recent visit: _____

__X_ Last year of Office Visits
__X_ Imaging Studies (reports only)
__X_ Discharge Summaries (hospitals)
__X_ Last year of Drug Screen Reports
__X_ Reason for Termination of Care
__X_ Lab reports including EKGs
_____ Emergency Dept. Records
_____ Procedure / Operative Reports

In compliance with state and/or federal laws, which require special permission to release otherwise privileged information, please release the following records:
_X_ Alcoholism _X_ Substance/Drug Abuse ___ Mental Abuse _X_ Genetics
_X_ HIV/AIDS _X_ Psychotherapy Notes ___ Other:
_____

This Authorization will expire one (1) year from the date it was signed.

_____ _____
Signature of Individual, Patient or Guardian of Patient Date

_____
Signature of witness