



VISTA MEDICAL GROUP

Consent for the Release of Confidential Information

I, _____ / _____ / _____ - _____ - _____
(Name of Patient) (Date of Birth) (Social Security #)

Authorize: _____
(Name of Person / Agency Releasing Information)

(Address of Person / Agency Releasing Information)

(_____) _____ - _____
(Phone Number)

(_____) _____ - _____
(Fax Number)

To release to:

Vista Medical Group
2428 E. Apache Blvd #1015
Tempe, AZ 85281
P: 480-398-1220 F: 480-966-2477

The following information:

Writer must specify if release is to include records on drug or alcohol abuse, sickle cell anemia, or AIDS/HIV information or testing.

For the following purpose:

- Continuation of and/or follow-up medical care.
- Other: _____

I understand that my records are protected under the Federal and State Confidentiality Regulations and cannot be released without my written consent unless otherwise provided for on the regulations.
I also understand that I may revoke this consent as any time unless action has already taken place based upon it and that in any events this consent expires as described herein.

This consent shall expire: _____
(Specify date, event and/or condition)

_____/_____/_____
Signature of Patient Date Signature of Witness Date

_____/_____/_____
Signature of Parent, Guardian, or Authorized Representative Date

*If patient in 12-18 years of age, both his/her signature is preferred along with the required signature of parent or legal guardian.

Phone: (480) 398-1220 • Video Phone: (623) 208-4931 • www.VistaMedicalGroupAZ.com

Apache Junction
212 W. Superstition Blvd., #101
Apache Junction, AZ 85120

Mesa
1111 S. Stapley Drive, #111
Mesa, AZ 85204

Gilbert
2531 S. Gilbert Road, #111
Gilbert, AZ 85295

Tempe
2428 E. Apache Blvd, #1015
Tempe, AZ 85281