Boone Medical Group - Surgery

1601 E Broadway, Suite 240
Columbia, MO 65201
www.boone.health
Phone: 573.815.8145
Fax: 573.815.3832

BooneHealth
BOONE MEDICAL GROUP

Authorization for Release of Information

Fax or mail information to:

Boone Medical Group - General Surgery
1601 E. Broadway, Suite 240
Columbia, MO 65201
Phone Number: 573-815-8145
Fax Number: 573-815-3832

By signing below, I acknowledge and agree that:

- I understand that neither Boone Health nor any of its affiliated healthcare providers can make me sign this Authorization as a condition to get treatment, making payments on any bills, or gaining enrollment or eligibility in any health insurance plan, unless the Federal Privacy Regulations allow it. I agree that I have received a signed copy of this Authorization if I chose to do it.
- I understand I may revoke this Authorization at any time except to the extent that prior action has been taken in reliance on this Authorization. This authorization will expire one (1) year from the date it is signed if I do not cancel it in writing prior to the expiration date. I understand if I want to cancel/revoke this Authorization, I must mail, fax or bring a letter in person stating that I want to cancel this Authorization.
- If I am signing on behalf of a patient for whom I am the legal guardian or personal representative, I must attach a certified copy of my appointment as legal guardian or personal representative.

_____ _____
Signature of Patient/Legal Guardian/Personal Representative **Date**

_____
Print Name

_____
Relationship to Patient (If someone else signs on behalf of the patient, state relationship to patient)

_____ _____
Witness **Date**

Boone Health Medical Group Use Only

Date Request Granted:

_____

Other Disposition (Date/Action):

_____