

# **DR. JENNIFER GENTRY**

## **Records Release Policy**

Due to the increasing complexity of treatments and to respect the patient's right of privacy; Calvo Naturopathic Healthcare has developed the following policy regarding the release of medical records.

Your medical records are personal and confidential documents, which are kept as permanent records at Calvo Naturopathic Helathcare. A release of records form must be signed by the patient and sent from the requesting clinic or brought in by the patient themselves. Phone requests for records release will be honored, but a signed release is needed. Upon receipt of a release of records, all medical records will be sent except the following:

- 1) Any medical or laboratory records received from another clinic or institution.
- 2) Any medical records regarding the treatment of Mental Health, Drug & Alcohol, Genetic Information, and HIV/AIDS. For these, a special request to send these records must be made by the patient.
- 3) Any specific medical records, which otherwise would be sent as a matter of routine, will be exempt upon a written request from the patient. The written request must release Calvo Naturopathic Healthcare from any responsibility for not providing the specific medical records and will become a part of your chart.
- 4) Exceptions to these guidelines are chart notes subpoenaed by the courts. In these cases, we must comply with the request.

It is assumed by Calvo Naturopathic Healthcare that any time you sign a release of records request that you are aware that most medical records are being sent. Due to the rather broad interpretation by some insurance companies, misunderstandings of a diagnosis can occur. In those cases Calvo Naturopathic will attempt to clarify the chart notes.

Chart notes are a way that your doctor is able to determine what is going on and to be able to assess the efficacy of treatment. They are also a way that physicians communicate between themselves in order to attain continuity of care. Therefore, chart notes are very important. It has been our policy that anytime during the interview, you may request that something not be written in the chart if it is of too personal a nature or you feel uncomfortable. Please make the physician aware at the time so that no notations are made.

**DR. JENNIFER GENTRY**

**Records Release Authorization**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

- I hereby authorize the release of all medical records.
- Or
- I hereby authorize the release of only the following records:
  - Laboratory
  - Progress
  - History and Physical
  - X-Ray and Other Diagnostic
  - Other

I UNDERSTAND THAT THE FOLLOWING INFORMATION **WILL NOT BE RELEASED UNLESS INITIALED**. I CONSENT TO AND AUTHORIZE YOU TO RELEASE THE FOLLOWING RECORDS THAT I HAVE **INITIALED**.

- Sexually Transmitted Disease
- HIV Testing
- Substance Abuse
- Mental Health

Information to be released BY:

Calvo Naturopathic Healthcare  
Jennifer Gentry, NMD  
42104 N Venture Dr Ste C122  
Anthem, AZ 85086

Phone: 623-251-5518  
Fax: 623-249-4748

Information to be released TO:

\_\_\_\_\_  
Physicians Name and Clinic

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (Minor) Relationship to Patient

\_\_\_\_\_  
Witness

This Release Expires after 90 Days.

I understand that I do not have to sign this document in order to receive health benefits. I may revoke this in writing. I understand that once the health care information I have authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacy Laws.