RECORDS REQUEST FROM HEALTHCARE PROVIDER

Orville R. Weyrich, Jr, PhD, NMD, BCN, ABAAHP

4 Health and Wellness

Name of Facility or Person: _____

Address: _____

Telephone number (____) _____ - _____ Fax number (____) _____ - _____

You are hereby authorized to furnish and release to **Dr. Orville R Weyrich, Jr / 4 Health and Wellness** (check all that apply):

☐ All my health information and records including, but not limited to, HIPAA-protected records and information, radiology and tests, **including** the following **only if checked**:

- ☐ AIDS/HIV and Other Communicable Disease Information,
- ☐ Behavioral Health Care/Psychiatric/ Psychotherapy information,
- ☐ Alcohol and/or Drug Abuse Treatment,
- ☐ Other as specified: _____

☐ My health information relating to the following treatment or condition: _____

☐ My health information for the date(s): _____

☐ Other: _____

This authorization ends: ☐ On (date) _____

☐ When the following event occurs _____

This authorization can be revoked in writing at any time except to the extent that disclosure made in good faith has already occurred in reliance on this authorization.

I hereby release the healthcare provider named above; its employees, agents, managing members, and the attending physician(s) from legal responsibility or liability for the release of the above information to the extent authorized. A copy of this authorization shall be as valid as the original.

I understand the there may be a fee for this service depending on the number of pages photocopied. However; no such fee will be charged if these records are requested for continuing medical care.

Patient's Name: _____ Date of Birth _____
Please Print

Signature: _____ Date _____

Records Requested by / Please send to:

Orville R. Weyrich, Jr, PhD, NMD, BCN, ABAAHP

Fax: (888) 391-0414

Or mail to 8752 E Vía de Commercio, Suite 2, Scottsdale, AZ 85258

Doctor's Signature: _____ Date _____

404 W Main St, Ste A, Payson AZ 85541

Phone (888)-391-0414 or (928) 474-7409 or (480) 766-6007

Fax (888) 391-0414; Text (480) 766-6007

Web: DrWeyrich.com *** e-mail Orville@Weyrich.com

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