

REPRODUCTIVE RECORDS ATTESTATION FORM



Please complete the form legibly and in its entirety. Incomplete forms may result in delay or denial of this request.		
PATIENT INFORMATION	Patient Name:	Date of Birth:
	Address (City, State, Zip Code):	
	Phone Number:	Email:
	Previous Name(s)/Nickname(s):	
RELEASE MY RECORDS FROM	Check One Option Only <input type="checkbox"/> Nura PLLC <input type="checkbox"/> Nura Surgical Center <input type="checkbox"/> Nura PLLC & Nura Surgical Center	
RELEASE MY RECORDS TO	Attention:	
	Organization Name:	Fax:
	Address (City, State, Zip Code):	
	Phone Number:	Email:
	<input type="checkbox"/> Last 3-5 Visit Notes <input type="checkbox"/> Office Visit Notes <input type="checkbox"/> Laboratory Reports <input type="checkbox"/> Billing Statements <input type="checkbox"/> Physical Therapy Notes <input type="checkbox"/> Operative/Procedure Notes <input type="checkbox"/> Behavioral Health Evaluations <input type="checkbox"/> Radiology Reports <input type="checkbox"/> Specific Date/Year of Treatment: <input type="checkbox"/> Other (please specify):	
	Special Permission Is Required	
	<input type="checkbox"/> Reproductive Health	
PURPOSE OF REQUEST	<input type="checkbox"/> Health Oversight Activity <input type="checkbox"/> Judicial or Administrative Proceedings <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Regarding decedents, disclosures to coroners and medical examiners <input type="checkbox"/> Personal/Self	
RELEASE METHOD	<input type="checkbox"/> Mail <input type="checkbox"/> Pick up (circle one) Edina OR Coon Rapids DATE/TIME: _____ <input type="checkbox"/> Fax: _____ <input type="checkbox"/> Secure Email: _____	

- I understand I may not add content that is not required or combine this form with another document except where another document is needed to support my statement that the requested disclosure is not for a prohibited purpose.
- This authorization is only good for this specific use and disclosure, and further requests will require a new attestation.

By signing this attestation, I verify that I am not requesting PHI for a prohibited purpose and acknowledge that criminal penalties under 42 U.S.C 1320d-6 may apply if untrue.

Signature

Title

Date