

# Medical Records Request Form

Patient Name: Jeremie Morin Patient Date of Birth: 11/16/1992

I hereby authorize Buena Vista Recovery to disclose my personally identifiable health information as described below, which may include information concerning communicable diseases such as Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), mental illness, chemical or alcohol dependency, laboratory test results, medical history, treatment, or any other such related information. I understand this authorization is voluntary, that I may refuse to sign it, and at any time after signing it I may revoke this authorization. I further understand that my care at Buena Vista and the payment for my care will not be affected if I refuse to sign this form and/or later revoke this authorization.

I understand that if the recipient of this information is not a covered entity, the released information may no longer be protected by state and federal privacy regulations.

Patient Address: 3560 N Marshall Way Unit 258  
Scottsdale, AZ 85251 813-966-1101

Patient phone number and/or email: oJermzo@hotmail.com  
I don't know the exact dates but I

Dates of Service: need the last visit I had with you

Description of Information to be Released (check all that apply):

Medical History and Physical	Biopsychosocial Assessment	Other:
Progress Notes	Drug Screening and Lab Results	
Discharge Summary	Orders	
Treatment Plans	Psychiatric Evaluation	

Record Format Requested: ☐ Written ☒ Electronic

Description of the purpose for disclosure: To show the court I was in your  
care at time of court date

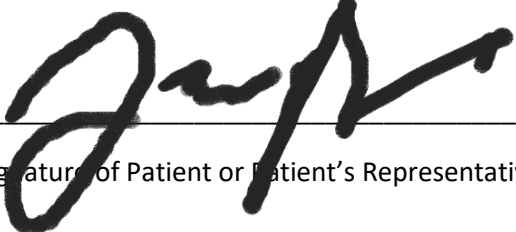
Send Records to:

Name: Jeremie Morin Relationship to patient: Me

Address: 3560 N. Marshall Way,  
Scottsdale, AZ 85251 Unit 258

Phone number: 8139661101 E-mail: oJermzo@hotmail.com

This authorization will expire in 180 days from the date of signature, unless otherwise specified. If applicable, specify alternate date for expiration:

  
Signature of Patient or Patient's Representative

10/15/2022

Date

Printed name of Patient's Representative and Relationship to Patient

Jeremie Morin ; Myself