Jane Murray, MD
Family Medicine
Cynthia Chamberlain, DiplAc, DiplCH
Acupuncture & Chinese Medicine
Mehdi Khosh, ND
Naturopathic Medicine
Tamara Coder Mikinski, PhD
Licensed Psychologist
Art Kent, NCTMB
Natural Therapeutics
William Hale, MD
Psychiatry & Mind-Body Medicine

Name: _____
(MAIDEN NAME): _____
DATE OF BIRTH: _____
MEDICAL RECORD #: _____

RELEASE RECORDS TO: _____
_____
_____
_____

Purpose of disclosure: □ Request of the individual □ Other_____
specify

The following information is needed:

_____

_____

I understand that my medical record from the SASTUN CENTER OF INTEGRATIVE HEALTH CARE may contain information regarding the diagnosis or treatment of HIV, other sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance upon it. By signing, I give my specific authorization for any and all records, including those outlined above, to be released. I understand that the information disclosed may be subject to re-disclosure by the recipient and no longer protected by the Privacy Rule.

THIS CONSENT EXPIRES IN ONE YEAR UNLESS OTHERWISE SPECIFIED.

DATE: _____

SIGNATURE _____
(Patient)

_____
(Parent, Guardian, or Authorized Representative)

WITNESS: _____

NOTE: REVOCATION OF THIS AUTHORIZATION NEEDS TO BE MADE IN WRITING, SIGNED, DATED AND MAILED TO THE SASTUN CENTER OF INTEGRATIVE HEALTH CARE, ATTN: OFFICE MANAGER. A REVOCATION OF THIS REQUEST WILL NOT EFFECT ACTION ALREADY TAKEN. A PROVIDER MAY NOT CONDITION TRATMENT BASED ON YOU SIGNING THIS FORM.

PROHIBITION OF REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW, FEDERAL REGULATIONS (42 CFR PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION EXCEPT WITH THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS.

913-345-0060 913-345-0090 (fax)
Building 22, Suite 2200 · 10875 Grandview · Overland Park, Kansas 66210-1510
www.SastunCenter.com