



Authorization to Release Protected Health Information

ESyntaxis Corporation is the custodian of medical records for Good Neighbor Healthcare Center for visits from June 2010 till June 2017.

Patient's Name: _____ Date of Birth: _____
GNHC Acct.# _____ Previous Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone # (____) _____ Email: _____

I request and authorize to release healthcare information of the patient named above to:

Recipient Name: _____
Address : _____
City: _____ State: _____ Zip Code: _____
Phone # (_____) _____ Fax # (_____) _____

This request and authorization applies to the following:

- All healthcare information.
- Dental
- A certain specific date: _____
- Other in specific: _____

For the following reasons: Continuity of Care Legal Other (explain) _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, chancroid, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

HIV, STD's, Behavior Health, or Drug and Alcohol Abuse/Treatment information contained within the dates of service I have specified above are to be released through this authorization unless specified below.

DO NOT RELEASE: (Check all that Apply)

- HIV/ STD's
- Behavior Health
- Drug/Alcohol

Revocation: I understand that I may revoke this consent at any time and that the consent will automatically expire six (6) months from the date of my signature. I do not authorize further release to a third party. I understand that I am entitled a copy of this authorization upon my request.

Format Requested : Paper Copy Electronic Copy (CD or DVD)

<hr/> Date	<hr/> Signature of Patient	<hr/> Authority/Relationship to Patient
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Fees/charges will comply with all laws and regulations applicable to release of Protected Health Information. Records will be released after full payment has been received.

- Upload your request via <http://gnhc.esyntaxis.com/public/record/request>
- Fax the request to 832-680-0201
- Scan and send your request to records@esyntaxis.com or
- Mailing your completed request to:

Custodial Services for Good Neighbor Healthcare Center, ESyntaxis Corporation, 1335 Regents Park Drive, Suite 150, Houston, TX 77058