



Patients: please complete this form, sign it, and return to the office via fax (971-317-0223) or by scanning and uploading to the patient portal (www.charmphr.com) Thank you!

Authorization to Release Healthcare Information (ROI)

Patient Name _____ Previous Name(s) _____ Date of Birth _____

I authorize my information to be released **FROM**:

Dr. Erica Zelfand
Simba Health, LLC
(Formerly Natura Integrative Health)

Tel: 971-317-0222
Fax: 971-317-0223

I authorize my information to be released **TO**:

Doctor/Facility: _____

Street: _____

City/State/Zip: _____

Phone: _____

Fax: _____

(Required – we are unable to mail paper copies)

Please **check** the indicated boxes:

Labs – last _____ months

Radiology reports – last _____ months

Office visit SOAP notes – last _____ months

Other: _____

Please **initial** to authorize release of the following types of protected information:

- _____ HIV/AIDS test results (whether negative or positive) and treatments
- _____ Information related to mental health assessments, diagnoses, treatment
- _____ Information related to drug or alcohol dependence, treatment, referral
- _____ Genetic testing

For the purpose of: Transferring care Coordination of Care Insurance
 Legal Personal Use Other

Patient/Guardian Signature _____ Printed Name of Guardian _____ Date _____

PLEASE NOTE:

It can take up to 30 days to process records release requests. Records will be sent via fax only. There *may* be a fee in cases of many copies of records or for records requests to be sent anywhere other than another doctor's office.

It is FREE for patients to view, download, and print their own lab results & visit summaries/vitals through the patient portal at www.simbahealth.com or www.charmphr.com