Bobbie Behrens, MD, OB/GYN, LLC
35670 Kenai Spur Highway, STE 101 B
Soldotna, Alaska 99669
Ph:(907)262-2615 Fax:(907)262-8842

8/25/2022

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name: _____ **(DOB** _____

Other name(s): _____

I hereby request that Dr. Behrens, M.D. & Kathryn Flores MSN, FNP provide the following copies of my medical records:

___ **All**, including diagnosis, treatment prognosis and recommendations, labs, imaging, office notes and hospital records.

___ **Specifically**, _____

Date(s) of service: _____

For the purpose of: ___ Further Treatment ___ Insurance Claims ___ Legal Request

___ Personal ___ Other (please list) _____

Please send to: _____

_____

_____

_____

I acknowledge that data to be released may include information protected by Federal Law (alcohol/drug, mental health, HIV/STD's) and I consent to its release.

_____ _____
Signature Date

_____ _____
Witness Date

Request completed by _____ Date _____