Dr. Jamie Ahn, ND
Good News Naturopathic Clinic
83 East Ave STE 209 Norwalk CT 06851
Tel: (203) 450-6463 Fax: (203) 900-8747

Authorization to Obtain/Release Medical Information

Patient Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____ Phone: _____

I, the patient, hereby authorize Good News Naturopathic Clinic to: (please check one)

____ **Release** the information to: _X_ **Obtain** information from:

Health Practitioner Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax Number _____

Information to be released or obtained as follows: (please check one)

___ All _X_ Limited to: All Tests/Imaging reports - past 3 years (specify)

DURATION: This authorization shall become effective immediately and shall remain in effect until _____, or for 1 year from the date of signature if no date entered.

REVOCATION: This authorization may be revoked in writing by the undersigned at any time prior to the release of information from the disclosing party. Written revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

Patient or Guardian (printed): _____

_____ _____

Signature of Patient/Guardian Date