Bellevue Family Practice, P.C.

Attn. Patients

In order to process your request the form must be filled out COMPLETELY.

If you do not have all the information that is needed please take home and return at your convenience.

Missing information will cause your request to not be processed!

Thank You

Management

Bellevue Family Practice P.C.

2206 Longo Drive, Bellevue, NE 68005 Phone: (402)292-9170 Fax: (402)292-0119

AUTHORIZATION TO RELEASE AND/OR OBTAIN MEDICAL RECORDS

Patient Name: _____ **DOB:** _____
Patient Name: _____ **DOB:** _____
Patient Name: _____ **DOB:** _____

I authorize information to be obtained from:

- Bellevue Family Practice

OR

- Doctor/Hospital Name: _____
  Street: _____
  City, State, Zip: _____
  Phone Number: _____
  Fax: _____

Please release my records to:

- Bellevue Family Practice

OR

- Doctor/Hospital Name: _____
  Street: _____
  City, State, Zip: _____
  Phone Number: _____
  Fax: _____

Information to be obtained or release to include:

- Complete Medical Record
- Immunization Record
- Dates _____ to _____
- Other _____

☐ Yes ☐ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

☐ Yes ☐ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ **Date:** _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.

71-8403. Access to medical records. (1) A patient may request a copy of the patient's medical records or may request to examine such records. Access to such records shall be provided upon request pursuant to sections 71-8401 to 71-8407, except that mental health medical records may be withheld if any treating physician, psychologist, or mental health practitioner determines in his or her professional opinion that release of the records would not be in the best interest of the patient unless the release is required by court order. The request and any authorization shall be in writing. If an authorization does not contain an expiration date or specify an event the occurrence of which causes the authorization to expire, the authorization shall expire twelve months after the date the authorization was executed by the patient.
(2) Upon receiving a written request for a copy of the patient's medical records under subsection (1) of this section, the provider shall furnish the person making the request a copy of such records not later than thirty days after the written request is received.