Moonstone Midwifery
320 Watson Powell Jr Way
Des Moines, IA, 50309
Phone: 515-243-2888
Fax: 515-243-4377

Authorization to Release Medical Information

Please complete all sections so we can send/receive your records in a timely manner. Fees may apply for certain requests.

Patient Name _____ Date of Birth: _____

Street address: _____ Phone:_____

City, State, Zip: _____ Fax: _____

Email address: _____ Medical Record Number _____

☐Send to ☐Send from Company/Office: _____

Street address: _____ Phone:_____

City, State, Zip: _____ Fax:_____

Email address: _____

Purpose of release:

☐Request of the individual ☐Request of legal representative ☐Transferring care

Information requested:

☐Complete records ☐All lab data ☐Specific lab data (date) ☐EKG/date

☐Office notes ☐History/physical (date) ☐Immunization records ☐Xrays

Signature of Patient/Guardian or Legal Representative _____

Release of information protected by federal law:
I specifically authorize the release of data and information relating to:

☐Substance/alcohol abuse ☐Mental health treatment/testing ☐HIV information/testing

Signature of Patient/Guardian or Legal Representative _____

Relationship if not signed by patient _____ Date_____

Disclosure or receipt of the information authorized above does not remove any privilege or right of confidentiality with respect to the information and does not authorize re-disclosure of the information. If any of the disclosed information relates to treatment or referral for treatment for substance abuse which is protected by Federal confidentiality rules (42 C.F.R. Part 2), the following notice shall also apply. This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient