El Dorado Internal Medicine, LLC

Dr. R. Henry Kuhns ☐ Dr. Kyle Tipton ☐

Dr. Amy Seeber ☐ Dr. Allison Sollo ☐

700 W. Central Ave. Suite 201
El Dorado, KS 67042
Phone (316)321-2100 Fax (316)321-0270
Email: intmed@live.com

Medical Records Release

I, _____ (Name), grant permission for you to realease medical records to El Dorado Internal Medicine, LLC.

Obtaining Records From	Patient Information
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Fax Number:	Date of Birth:

Please send a copy of clinical notes, lab reports and x-ray reports from the last **2 years** unless otherwise stated.

This information is being used for: ☐Continuing Medical Care ☐Changing Drs ☐ Copies for Own Use ☐Moving ☐ Specialized Care ☐Other: _____

Please mail paper chart or compact disc with record. You can also send a secure email to intmed@live.com

I understand that the records to be used or disclosed pursuant to this authorization may contain records relating to participation in any federally assisted drug and alcohol abuse program, information relating to diagnosis and treatment of mental, alcoholic, drug dependency, or emotional condition, other than notes recorded by a mental health professional documenting or analyzing conversation during a counseling session provided such notes are maintained spearately (unless this authorization pertains specifically to psychotherapy notes), information relating to HIV testing, HIV status, or AIDS. I understand that such information is subject to special protections pursuant to state and federal laws and regulations. I authorize the use or disclosure of records containing such information if they are otherwise included within the scope of this authorization.

_____ _____

Patient or Legal Guardian's Signature | Date

_____ _____

Printed Name | Relationship

Office Use Only

Information Sent By: _____ Date: _____