

Midnight Sun Oncology Partners, LLC
2490 S. Woodworth Loop
Suite 499
Palmer, AK 99645
Phone: (907) 746-7771
Fax: (907) 746-7798

RELEASE OF MEDICAL INFORMATION

Patient Name: _____ Birth Date: _____

I authorize Dr. _____'s office to release the following medical information to the party listed below.

**Release to: Midnight Sun Oncology Partners, LLC
Dr. Larry Lawson and Dr. Colleen Kersgard**

Information requested to be released:

- History and Physical
- Discharge Summary
- Laboratory Reports (most recent)
- Radiology Reports (all)
- Consultation(s) (initial & most recent)
- Pathology Reports (all)
- Other: _____
- Other: _____

For the purpose of:

- Further Treatment
- Insurance Claims
- Legal Request
- Other: _____

I acknowledge that the data to be released MAY INCLUDE material that is protected by Federal Law. My **initials** and my signature below authorize release of the following type of information:

Drug/Alcohol Abuse Information Mental Health HIV Information

This consent is specifically for any and all information created from services provided before or after the date of my signature to be used as needed.

Printed Name: _____ Signature: _____ Date: _____

Witness: _____ Witness Signature: _____ Date: _____