DelVal Integrative Health Partners, LLC
Rebecca Nice, DO

205 Telford Pike
Telford, PA 18969

Phone: 215.383.1305
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Authorization to Release Medical Records/Information

Patient Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____

I hereby authorize **Dr. Rebecca Nice/DelVal Integrative Health Partners, LLC** to disclose my health records from (date) _____ to (date) _____ or complete medical records (please specify).

This may include but not be limited to office notes, test results, diagnosis, and prognosis and **includes drug/alcohol related counseling, behavioral health services/psychiatric care, HIV/AIDS related information, except as noted (please specify any information you do not wish to have released)**

_____

_____.

This information is to be released to:

Provider/Office: _____

Address: _____

_____

Phone/Fax: _____

For the purpose of _____.

This authorization expires (date) _____.

_____ _____

Signature of patient or authorized representative Date

_____

Relationship to patient (if not patient's signature)