

Arizona Medical Records Release Authorization

Patient Name: _____ DOB: _____

Phone Number: _____ Date: _____

You can view and download your medical records for free on the patient portal. **If you prefer to have them emailed, picked up in office or mailed please allow up to 30 days to receive Medical Records.**

How would you like to receive your medical records? Please check option(s) below and fill in the information if needed

☐ Pick Up in Office or Mail Paper Copies (Self)
☐ Arizona: Charged at the same rate as paper records (\$25.00 search fee, plus \$0.50 per page for pages 1–10 and \$0.25 per page for pages 11 and beyond). If you prefer to pick up your medical records in the office, please write 'Office Pick Up' in the mailing address line below Mailing Address is applicable: _____

Please check the appropriate box(es) below.

☐ Email Medical Records to Patient (Self) ☐ Sending to Another Provider or Third-Party Provider (No Charge)
☐ Arizona: Charged at the same rate as paper records (\$25.00 search fee, plus \$0.50 per page for pages 1–10 and \$0.25 per page for pages 11 and beyond). Provider / Facility Name: _____ Fax: _____ Email: _____
☐ All Records:
Specific Dates of Services: _____ to _____ Specific Request: _____

By signing below, I acknowledge that I have been informed of the free digital access available through the Patient Portal. If I have selected an option that requires a fee, I agree to pay the associated processing fees.

Patient/Guardian Signature: _____ Date: _____