Ridge Family Practice, P.C.

● Clarine I. Coker, M.D. ● Jennifer S. Kay, M.D. ● Glenn Hurst, M.D. ● Jill R. Sobczyk, P.A.-C.
● Alan J. Pokorski, P.A. ● Christy M. Quillen, A.R.N.P ● Tammy L. Hunke, P.A.-C.

Patient Name: _____ D.O.B. _____
Address: _____City: _____ State: _____ Zip: _____

I hereby authorize Ridge Family Practice, P.C. to *OBTAIN* the following information:
(Check all that apply)

□ Complete Health Record □ Office Notes □ Lab Reports
□ Radiology Reports □ Billing Records □ Procedure Notes
□ Other _____

From Facility/Person:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Fax:_____ Phone:_____

This information may be used/disclosed for the following purposes:
(Check all that apply)

□ Patient Request □ Legal □ Insurance
□ Health Care Transfer □ Other _____

I hereby authorize the release of data and information relating to:
(Check all that apply)

□ Chemical Dependency □ Mental Health □ HIV/AIDS

This authorization will be valid for 180 days from the date it is signed or until _____. This authorization may be revoked at any time by notifying the above named provider of information in writing, except when this authorization was obtained as a condition of obtaining insurance coverage. Any release of information made prior to my revocation is in compliance with this authorization and shall not constitute a breach of my rights to confidentiality. Information used/disclosed pursuant to this authorization will be subject to re-disclosure by the recipient and no longer protected.

_____ _____
Signature of patient or Legal Guardian Date

Relationship to patient: _____

Main Office
201 Ridge St. #201
Council Bluffs, IA 51503
Phone: (712)322-5899
Fax: (712)322-5730

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401 Broadway
Minden, IA 51553
Phone: (712)483-2077
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31 East Main
Treynor, IA 51575
Phone: (712)487-3636
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