



Ninilchik Traditional Council Community Clinic

✉ P.O. Box 39368, Ninilchik, AK 99639
📍 15765 Kingsley Rd.
☎ (907)567-3970
📠 (907)567-3902
🌐 www.ninilchiktribe-nsn.gov

Release of Medical Information & Medical Records

I hereby authorize the use and disclosure of my individually identifiable health information, as described below. I understand that if my health information is used or disclosed, as I am requesting, the released information may no longer be protected by privacy regulations issued by the federal government.

Patient Name: _____ hereby request that

Medical Facility: _____

Provider: _____

Phone Number: _____ Fax: _____

release the requested medical records to the Ninilchik Traditional Council Community Clinic, 15765 Kingsley Road, P.O. Box 39368, Ninilchik, Alaska, 99639.

Treatment Date(s): _____ Entire Medical Record

- All
- Lab Reports
- X-rays & Radiology Reports
- Other: _____
- Confidential Drug/Alcohol Abuse Information
- Confidential Behavioral Health Documentation
- Confidential AIDS/HIV Information

I understand that I may revoke this authorization at any time, but that if I do revoke it, the revocation will not have any effect on any actions taken before the revocation was received.

Patient Print Name: _____

Date of Birth: _____ Social Security Number: _____

Patient Signature: _____ Date Signed: _____