

RECORDS RELEASE / AUTHORIZATION

In2it Medical • 1888 W 800 N Pleasant Grove, UT 84062 • (801) 610-7321 • (801) 610-7306 f. • www.in2itmedical.com



Patient Name: _____ DOB: _____

The above named person must indicate when this authorization is to expire:

- ☐ When written request is received
- ☐ On Date _____

Ther person named above is or has been a patient of:

Dr. Craig Chappell and/or
Int2it Medical
1888 W 800 N
Pleasant Grove, UT 84062
(801) 610-7321
(801) 610-7306 (f)

The person named above hereby authorizes Dr. Craig Chappell and/or In2it Medical to

- ☐ Request health information from:
- ☐ Send health information to:
- ☐ Discuss health information with:

Name of Person, Provider or Facility: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Scope

- ☐ All information regarding assessment, diagnosis, and treatment of patient's condition, concern, or disease (specify if limitations) _____
- ☐ All information regarding care received by patient between the dates of _____ and _____
- ☐ Other information (specify): _____

Authorization

Printed name of Patient or Authorized Representative

Signature of Patient or Authorized Representative

Date

If not signed by the patient, indicate relationship of authorizing person to patient: _____