

**Kitsap ColoRectal Surgery, Inc., P.S.**  
**Authorization to Release Health Care Information from KCRS**

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ Previous name (if applicable): \_\_\_\_\_

**Please mail this form to: Treasure Valley Colon & Rectal Clinic  
c/o Dr. Johnny B Green  
1072 N Liberty St, Suite 201  
Boise, ID 83704**

Please allow 2 to 3 weeks for us to fulfill records requests.

*If records are needed urgently for medical treatment please have your physician call Saint Alphonsus Medical Group General Surgery at 208-302-2400. and ask to speak with Dr. Johnny B Green directly.*

Are these records needed for an upcoming appointment with another physician? YES / NO

My appointment is with Dr. \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_.

I request and authorize **the KCRS Records Custodian** to release health care information of the patient named above to:

**Send Records to:**

(Patient/Clinic/Physician Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City,ST,Zip) \_\_\_\_\_  
(Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

This request and authorization applies to:

\_\_\_\_\_ Only health care information relating to the following treatment, condition, or dates of treatment:

\_\_\_\_\_ All health care information

\_\_\_\_\_ Other: \_\_\_\_\_

I understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. If I have been tested, diagnosed, or treated for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use, you are specifically authorized to release all health care information relating to such diagnosis, testing, or treatment.

\_\_\_\_\_  
Signature of patient or patient's authorized representative

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Relationship or status if signed by anyone other than patient (parent, legal guardian, personal representative, etc.)

***Please Note: KCRS Records Requests are being fulfilled through Treasure Valley Colon & Rectal Clinic.***