



# REQUEST AND AUTHORIZATION FOR RELEASE OF PHARMACY RECORDS

I, \_\_\_\_\_ hereby authorize Lee's Marketplace Pharmacy to  
(Patient or Personal Representative Name)

disclose specific health information from the records of patient named below to:

\_\_\_\_\_  
(Person or Organization Receiving the Personal Health Information)

**Patient Name:** \_\_\_\_\_  
                                First  M.I.                        Last

**Patient Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Photo ID :** \_\_\_\_\_

**Specific description of health information authorized for disclosure:** \_\_\_\_\_  
\_\_\_\_\_

**Purpose for disclosure:** \_\_\_\_\_

**Date range of records requested:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**This authorization will expire on the following date, event, or condition:** \_\_\_\_\_  
\_\_\_\_\_

I understand that if I do not provide an expiration date or condition, this authorization is only valid for the period of time needed to fulfill its purpose.

I also understand that I may revoke this authorization at any time, by sending written notification to Lee's Marketplace Pharmacy 505 E 1400 N, Logan Utah 84341.

I understand that I may refuse to sign this authorization and that Lee's Marketplace cannot deny or refuse to provide pharmacy services or payment for those services if I refuse to sign this authorization.

I understand that the information used or disclosed under this Authorization Form may be subject to re-disclosure by the person or facility receiving it and may no longer be protected by federal or state privacy regulations.

By signing, I acknowledge I have been provided a copy of this signed authorization.

\_\_\_\_\_  
**Signature of Patient or Personal Representative**

\_\_\_\_\_  
**Date**

**If signed by a Personal Representative, provide a description of authority to act on behalf of member:**

\_\_\_\_\_  
(Please attach documentation supporting legal authority of the person's appointment as a personal representative, if applicable (for example health care power of attorney, letter of guardianship, executor of estate, etc)