FRONTIER HEALTH AND WELLNESS





FHW Contracted Providers: Erin Johnson, Ph.D., Alpine Assessments, LLC

Rachel Woods, Ph.D., Woods Neuropsychological Services, LLC

This Release applies to both medical health information and mental health information

Client Name: Date of Birth: Client Previous Name (if applicable): Name of Parent/Guardian (if applicable): Address: Home Number Work Number: Release To/From: Name: Phone: Address: Fax: Address: Fax: Address: Fax: Address: Phone: Address: Fax: Address: Address: Fax: Address: Address: Phone: Phone: Address: Address: Phone: Phone: Address: Address: Address: Address: Phone: Phone: Address: Addres	Client Previous Name (if applicable): Name of Parent/Guardian (if applicable): Address: Cell Number: Home Number Work Number: Release To/From: Name: Address: Address: Release To/From: Name: Frontier Health and Wellness and its contracted providers Phone: Address: Release To/From: Name: Frontier Health and Wellness and its contracted providers Phone: 907-222-6606 Release To/From: Address: 4241 B Street Suite 305, Anchorage, Alaska 99503 Fax: 907-222-6606 855-595-2950 Purpose of the Request is for Diagnostic Testing Information Authorized For Release: PIEASE RELEASE THE FOLIOWING RECORDS/INFORMATION Intake Note/Assessment Diagnosis List (past and present) Medication List (past and present) Discharge Note/Summary Discharge Note/Summary Discharge Note/Summary The Authorized To receive treatment. I understand that the information in my health record may include records relating to sexually transmitted diseases, drug and/or alcohol abuse treatment, psychiatric care or other sensitive information Expiration & Right to Revoke Consent Understand that any time I may revoke this authorization by submitting a notice in writing to any provider listed on this form. Unless revoked earlier, this authorization will expire twelve months from the date on which it was signed, or upon the following date or event: Re-Disclosure Understand that once the above information is disclosed, it may be subject to re-disclosure by the recipient and no longer protected by federal privacy laws or regulations.	Patient Identification:					
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Hospital/Medical Facility of Birth Updated 07/10/2022