

request. I understand that once the health information I have authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacy laws.

Fee disclaimer: Federal and state laws permit Optum to charge a reasonable fee for copying/releasing records. State regulated fees for labor and supplies may apply. You will be notified directly regarding any fees and payment as required.

Signature: _____ Date: _____
(Patient, guardian*, or Authorized representative*)

***Note: Requests can take up to 15 business days to process. Please indicate urgency when necessary.**

**This authorization will expire 90 days from the date signed
Possible copying fee required**

**Please fax this completed form to: 1-678-897-4264 or mail to: The Everett Clinic -
Health Information Department, 3901 Hoyt Avenue, Everett, WA 98201**

**If you have questions regarding your request, please call: 1-888-423-1079 (please
allow 48 hours for your request to be received and entered into our system before
calling)**