Nifely Health

Administrative | Mailing Address
1915 140th Ave NE #1807
Bellevue, WA 98005

Clinical Office (By Appointment Only)
1215 Central Ave S #178
Kent, WA 98032

Contact | Hours
Phone: WA (425) 357-2672 · WY (307) 298-3008
Fax: WA (425) 944-3576 · WY (307) 225-2061
Mon–Fri 7 AM – 5 PM PST

Release of Information — ROI Authorization

1. PATIENT INFORMATION

Full Name: _____

Date of Birth (DOB): _____

Phone: _____

Address: _____

State: ☐ [ ] WA ☐ [ ] WY ☐ [ ] TX

2. AUTHORIZATION TO DISCLOSE TO/FROM

Name: _____

Organization: _____

Phone: _____

Fax: _____

4. PURPOSE OF DISCLOSURE

- ☐ [ ] Treatment
- ☐ [ ] Personal Use
- ☐ [ ] Insurance
- ☐ [ ] Legal
- ☐ [ ] Other (please specify): _____

3. INFORMATION TO BE DISCLOSED

- ☐ [ ] Medical Records
- ☐ [ ] Lab Results
- ☐ [ ] Imaging / Radiology Reports
- ☐ [ ] Medication List
- ☐ [ ] All of the Above

5. VALIDITY

This authorization is valid from:

Start Date: _____

to:

End Date (or upon expiration): _____

Unless revoked earlier, this authorization expires 12 months from the date of signature, or as indicated above.

6. SIGNATURE

7. LEGAL REPRESENTATIVE (if applicable)

Signature: _____ Date: _____

Relationship: _____

☐ [ ] I am the legal representative and have authority to act on behalf of the patient.

Please fax form to (425) 944 3576 - WA | (307) 225 2061 - WY