MEMBER PLUS FAMILY HEALTH
Personalized Health Care for Bainbridge Island

Gregory E. Keyes, M.D.
American Board of Family Practice

Blain Crandell, M.D.
American Board of Family Practice

123 Bjune Drive SE, Suite 101
Bainbridge Island, Washington 98110
www.member**plus**familyhealth.com
Tel: 206.842.3222
Fax: 206.842.1877

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request that _____
release the following records and information to:

Member Plus Family Health:

Gregory E. Keyes, M.D.	or	Blain Crandell, M.D.
123 Bjune Dr. S.E. Suite 101		123 Bjune Dr. S.E. Suite 101
Bainbridge Island, WA 98110		Bainbridge Island, WA 98110

Patient requesting release of records:

Name _____

Address_____

City, State, Zip _____

Phone _____ Date of birth _____

☐ Medical records from _____ to _____

Address_____ Phone_____

City, State, Zip _____

☐ Special instructions _____

I understand that my records may contain information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug, and/or alcohol abuse, mental illness or psychiatric treatment. I give my specific authorization for these records to be released. I release the clinic and it's staff from all legal responsibility or liability that may arise from the release of this information. This consent may be revoked by me at any time, except when action has been taken. This consent expires ninety [90] days from the date below. I understand that information used or disclosed Pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Authorized Signature _____ Date _____