



6128 Fairview Ave. Ste. 1A  
Boise, Idaho 83704  
Phone: (208) 287-1733  
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**CUSTOMER AUTHORIZATION TO RELEASE MEDICAL INFORMATION RECORDS**

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone number

I hereby authorize the treating/ordering physician and/or supplier to release medical information concerning me that documents my medical condition.

Records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If signing for patient, state relationship to patient

**Release from Physician/Supplier**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Release to CPAPnow**

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Healthcare information may be used and disclosed for treatment, payment and other healthcare operations including: care planning, billing, communication with health professionals or third-party payers, and quality assurance activities. Patient/customer may review CPAPnow's Notice of Privacy Practices before giving consent and has the right to restrict how health information may be used.