

Midnight Sun Oncology Partners, LLC  
2490 S. Woodworth Loop  
Suite 499  
Palmer, AK 99645  
Phone: (907) 746-7771  
Fax: (907) 746-7798

**RELEASE OF MEDICAL INFORMATION**

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I authorize Dr. \_\_\_\_\_'s office to release the following medical information to the party listed below.

**Release to: Midnight Sun Oncology Partners, LLC  
Dr. Larry Lawson and Dr. Colleen Kersgard**

Information requested to be released:

- History and Physical
- Discharge Summary
- Laboratory Reports (most recent)
- Radiology Reports (all)
- Consultation(s) (initial & most recent)
- Pathology Reports (all)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

For the purpose of:

- Further Treatment
- Insurance Claims
- Legal Request
- Other: \_\_\_\_\_

I acknowledge that the data to be released MAY INCLUDE material that is protected by Federal Law. My **initials** and my signature below authorize release of the following type of information:

Drug/Alcohol Abuse Information       Mental Health       HIV Information

This consent is specifically for any and all information created from services provided before or after the date of my signature to be used as needed.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_