



Phone: (952) 431-5330  
Fax: (952) 431- 5334  
3535 Vadnais Center Dr., Suite 150  
Vadnais Heights, MN 55110

## Authorization for Access to Patient Health Information

### Patient Information

Full Name

Maiden or Previous Name

Date of Birth

Phone Number:

Street Address

City, State, Zip

### Release Information

#### Authorization From:

The Remedy Mental Health

Name

3535 Vadnais Center Dr., Suite 150

Street Address

Vadnais Heights, MN 55110

City, State, Zip

(952) 431-5330

Phone Number

(952) 431-5334

Fax Number

#### Release Information To:

Name

Street Address

City, State, Zip

Phone Number

Fax Number

### Authorization

#### I AUTHORIZE AND GIVE PERMISSION FOR THE ABOVE INDIVIDUAL TO:

- ☐ Discuss patient health information and care with providers and/or medical assistants.
- ☐ Request copies of all patient medical records.
- ☐ Create and change appointments.
- ☐ Discuss patient's billing information including balances, charges, insurance, and payments.
- ☐ Other (please specify): \_\_\_\_\_

This authorization **expires in one year** from the patient/patient representative date of signature unless revoked by patient/legal guardian before that time.

**Return to:** The Remedy Mental Health, 3535 Vadnais Center Dr., Suite 150, Vadnais Heights, MN 55110, or Fax: 952-431-5334.

**Include a copy of a valid form of ID:** ☐ Driver's License ☐ Government Issued ID  
☐ Military ID ☐ Passport

Patient Signature or Representative

Relationship (if other than patient) Date

2/17/2026