



201 Peterson Drive, Elizabethtown, KY 42701
(270) 765-5900

Authorization to Release Pharmacy Profile

Fax records to 270-982-1284

Patient Name: _____

Date of Birth: ____ / ____ / ____

Dates Requested: ____ / ____ / ____ to ____ / ____ / ____

Pharmacy Name: _____

Patient Fax: _____

Disclaimer: I hereby authorize the pharmacy listed above to release my pharmacy prescription profile to Stepworks Intensive Health. If the pharmacy is a part of a larger retail organization, I request and authorize the release of all records available from this and other locations. The purpose of this request is for my continued care through a specialized primary care office. I understand that the profile may contain information related to the treatment of mental health, substance use, and/or sexually transmitted diseases. I understand that this authorization shall remain in effect for a period of one year and may be revoked or terminated upon written notice to the pharmacy.

Patient Signature: _____

Date: ____ / ____ / ____