

Release of
Medical Records:

P: 587-844-6287 / F: 855-287-0967
support@talkwithfrida.com

I, _____, DOB: _____
request Frida to disclose the following personal health information:

Records Requested:

- ☐ Summary of Care including assessment, diagnosis, and treatment plans throughout duration of time as a patient at Frida
- ☐ Other (Please include date range):

Records to be sent to the following recipients (select all that apply):

- ☐ Healthcare Provider
(Records will be sent to the fax provided below)

Name of Practitioner: _____

Name of Clinic: _____

Address: _____

Phone: _____

Fax: _____

- ☐ Myself
(Records will be sent via Secure Message to your Frida profile attached to the email provided)

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

* For an entire patient file release, please contact the Frida Care Team at (587)844-6287 or support@talkwithfrida.com for further details

☐ Records to be released upon future request.

This Release of Medical Records will be kept on your file
and available for processing upon notice given to the Frida Care Team.

Patient Signature
(wet or digital signature are both valid)

Date