peoplefirst CLINIC, PLLC

652 Bielenberg Dr, Suite 202
Woodbury, MN 55125-4480

Phone: (651) 317-3902
Fax: (949) 890-4747
info@peoplefirstmn.com

Transition of Care Records Request

Moving your care to PeopleFirst? Fill out this form and we'll request your records from your current provider so your transition is as smooth as possible. We'll respond to all requests within 3 business days.

Questions, or need help or an interpreter? Email our business office at info@peoplefirstmn.com.

Patient (not parent or guardian)

Legal first name		**Legal middle name**	
Legal last name		**Date of birth**	
Chosen / preferred name		**Pronouns**	
Phone			

Your PeopleFirst provider:

- ☐ Tim Tienter
- ☐ Kim De Paulo
- ☐ Christy Rushfeldt
- ☐ Aaron Spiegel-Emms
- ☐ Amy Hurla
- ☐ Megan Treziok
- ☐ Krystal Johnson
- ☐ Nico Barden

If your provider isn't listed, please tell us who:

1. Request records from

Check every provider we should request records from.

☐ **Affinity Psychological Services**
7551 9th St N #100, Oakdale, MN 55218 · Phone (612) 268-5858 · Fax (612) 268-5868 · hello@affinitypsych.com

☐ **Aris Clinic**
2040 Woodwinds Dr, Woodbury, MN 55125 · Phone 651-259-9750 · Fax 651-259-9790 · info@aris-clinic.com

☐ **Another provider or facility** (fill in below)

Name	
Address	
Phone	
Email	
Fax	

2. Send records to

PeopleFirst Clinic PLLC, 652 Bielenberg Drive, Suite 202, Woodbury, MN 55125. Phone (651) 317-3902, fax (949) 890-4747, info@peoplefirstmn.com

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3. Information to share

- [ ] Office or clinic visit notes
- [ ] Therapy records (not psychotherapy notes unless checked below)
- [ ] History and physical exams
- [ ] Diagnoses, medication list, allergies
- [ ] Laboratory reports
- [ ] Imaging reports
- [ ] Referral, care-coordination, and prior authorization records
- [ ] Billing and insurance records
- [ ] Other (describe below)

Other records (please specify):

Sensitive information (check only what you want included)

- [ ] Mental health records (not psychotherapy notes unless checked below)
- [ ] Substance use disorder treatment records
- [ ] Substance use disorder counseling notes
- [ ] HIV/AIDS, sexually transmitted infection, sexual-health, and reproductive-health information
- [ ] Genetic testing and genetic counseling information
- [ ] Psychotherapy notes

4. Purpose and how long this lasts

Purpose

- [ ] Continuity and transition of care
- [ ] Other (describe below)

If other, please describe the purpose:

How long this lasts

- [ ] Until the provider fulfills this request
- [ ] From today until a specific date (enter below)
- [ ] Until a specific event happens (describe below)

Date or event:

5. Please read before signing

- This packet is provided only to support a transition of care that I chose. It isn't meant to encourage anyone to leave another clinic or provider in violation of any agreement or law. My records stay the property of my current provider unless I authorize their transfer.
- Giving this consent doesn't by itself create a provider-patient relationship, and all communication is kept confidential under HIPAA.

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- **Redisclosure.** My health care provider can't guarantee that the recipient won't share my information with someone else, and the recipient may not be required to follow this authorization.
- **Signing is voluntary** and won't affect my treatment. I can revoke this authorization in writing at any time, except for anything already done in reliance on it.

I authorize the provider selected above to release my health information, as checked above, to PeopleFirst Clinic PLLC.

Signature

If I type my name below, I am signing this form electronically, and my typed name has the same legal effect as my handwritten signature.

Patient legal first name		**Patient legal last name**	

Signing for someone else? Fill in your name and relationship to the patient below.

Your first name (if not the patient)		**Your last name (if not the patient)**	
Relationship to the patient			

Valid ID

ID type		**ID number**	
Issuing state		**Expiration date (N/A if none)**	
Signature		**Date signed**	

Filling out a paper or PDF copy? Please return it to info@peoplefirstmn.com.