Arkansas State Board of Pharmacy
322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

Release of Medical/Treatment Records Authorization for Use and Disclosure of Protected Health Information

I Authorize:

Facility Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

To Release Information to: Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201

The following about me can be released:

✖	All Clinical records, including any records transferred from other medical/treatment facilities, doctor/therapist notes, and progress notes.
	Other:

Purpose of this authorization: Licensure with the Arkansas State Board of Pharmacy.

Records must come directly from the treating physician/facility.

∗ A COPY OF THIS FORM IS AS EFFECTIVE AS THE ORIGINAL. ∗

_____ _____
Patient's Printed Name Patient's Date of Birth

_____ _____
Patient's Signature Date Signed