LIBERTY LAKE
DIRECT PRIMARY CARE
2207 N. Molter Rd. Ste 203 Liberty Lake, WA 99019
Phone: 509.348.2214 | Fax: 509.903.0040

AUTHORIZATION TO DISCLOSE PERSONAL HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____
Previous Name (if any): _____
Address: _____
City_____ State _____ Zip_____

I request and authorize **Liberty Lake Direct Primary Care** to disclose personal health information regarding the above-named patient, including health status, medical records, laboratory results, radiologic testing results, medications, hospitalization information, office notes and treatment plans to the following individual. I understand that this authorization will expire in 3 years and may be revoked at any time in writing.

Recipient's Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

Purpose of request:
_____

This request and authorization applies to:
☐ All healthcare information
☐ Other: _____

I acknowledge that these records may include sensitive material. Therefore, I request that you *include* the following records if any (initial by categories to be included in records provided):

____HIV/AIDS/STI ____Genetic testing ____Mental health information.
____Substance use disorder diagnosis, treatment, or referral information.

Patient or Representative Signature: _____ Date: _____
Description of patient representative authority (i.e., parent): _____

Appendix A

Things to bring to your immigration physical

- (Use the Medfiller link as soon as you schedule your appointment to complete your portion of USCIS Form I-693)
- Paper copies of this form and our medical history questionnaire
- Original vaccination documents containing dates and names of vaccines and signature or seal
- Valid passport or state driver's license or other government-issued identification
- An interpreter if you don't speak English. They should be listed in part 3 of USCIS Form I-693
- Vaccination record (with certified translation if not in English)
- Other medical records (with certified translation if not in English) especially showing treatment and cure or remission of medical conditions
- List of medications
- Method of payment for physical exam (check or Credit Card. Please don't bring cash)
- If anyone in your family with learning disabilities is immigrating, report the condition and any special education and supervision requirements
- If you have had a previous positive tuberculosis test, the tuberculosis certificate that you were issued
- If you have had syphilis, a certificate of clearance signed by a doctor or public health official
- If you have a history of harmful or violent behavior involving people or animals, information that will allow the doctor to determine whether the behavior was related to a psychiatric or medical problem, or drug or alcohol abuse
- If you have been treated or hospitalized for psychiatric or mental illness, or alcohol or drug use disorder treatment, written certification including the diagnosis, length of treatment, and prognosis

Vaccinations with age requirements needed for immigration: Vaccination documents must include the name and date of administration of each vaccine and an official stamp or signature. Documents in other languages must have a certified translation to English. Complete your required vaccines **BEFORE** your first visit. You may receive them from your personal physician or check GoodRx.com for discounts at local pharmacies. The only vaccine given at my office is influenza ($30). Those required for all adults under the age of 60 are written in **bold** type.

- Haemophilus influenzae Type B (HiB)(ages 2-59 months)
- Hepatitis A (12 months-18 years old. 2 dose series)
- Meningococcal (Men ACWY) (ages 12-18 years)
- Pneumococcal (ages 2-59 months or >64 years)
- Rotavirus (age between 2-11 months)
- **Hepatitis B (0 months-59 years old. 3 dose series)**
- **Influenza 2025-2026 (annually if age > 6 months) (Exempted April through August)**
- **Measles, Mumps & Rubella (MMR)(age >12 months)**
- **Polio (age > 2 months)**
- **Tetanus, Diphtheria & Pertussis (TDaP)(age > 2 months)**
- **Varicella (age > 11 months. 2 dose series)**

(Note: don't receive MMR or Varicella vaccines if you are pregnant. I will test your blood for antibodies instead)

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Immigration Physical Fees

- Immigration examination with required lab tests (ages 0-17 & 45+): $390
- Immigration examination with required lab tests (ages 18-24): $450
- Immigration examination with required lab tests (ages 25-44): $410

Elective Fees

- Measles, Mumps, and Rubella or Tetanus, Diphtheria, and Pertussis immunity test: $60
- Varicella immunity test: $20
- Hepatitis A immunity test: $20
- Hepatitis B immunity test: $20
- Follow up visits for disqualifying problems requiring certification of resolution: $150
- Cancellation or rescheduling without sufficient notice (Sufficient notice is more than one business day before the exam. Fee is waived if valid police or ambulance report of emergency is provided): $50

Please Note:
This medical examination is not a complete physical examination. Its purpose is to screen for certain medical conditions relevant to U.S. immigration law. The panel physician is not required to examine you for any conditions except those the U.S. Public Health Service specifies for U.S. immigration purposes, nor is the physician required to provide you with diagnosis or treatment even though other matters related to your health might be discovered. This examination is not a substitute for a full physical examination, consultation, diagnosis, or treatment by your primary health care provider.