AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name _____ Date of Birth: _____

Address _____ SS #: _____

_____ Phone: _____

Date(s) of Service _____

I hereby authorize (***Facility Name***) _____
to release my medical records to (*Complete name and address*):

_____

_____

_____

Please release the following information in my medical/radiology/pathology record (***Check all that apply***):

☐ History and Physical	☐ Lab Report
☐ Consultation Report	☐ Emergency Room Record
☐ X-ray/Imaging Reports	☐ Discharge Summary
☐ X-rays/Imaging Film/CD	☐ Entire Medical Record
☐ Photos	☐ Abstract or Summary
☐ Mammography (original, no copy)	☐ Other _____
☐ Operative/Pathology Report	
☐ Pathology Slides/Block	

Please complete each of the following statements. If not complete, the information will not be released.

I ☐ do ☐ do not want HIV/AIDS information released under this authorization.
I ☐ do ☐ do not want mental health information released under this authorization.
I ☐ do ☐ do not want drug/alcohol abuse treatment information released under this authorization.
I ☐ do ☐ do not want genetic testing information released under this authorization.

The purpose for release of the above information:

☐ Continued Care ☐ Insurance ☐ Legal ☐ At my request ***(Patient only)*** ☐ Other: _____

This authorization will expire within 1 year unless otherwise indicated. I understand that authorization is voluntary and may be revoked by me at the time in writing except to the extent that action has already been taken in reliance this authorization. I understand my treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

PLEASE PROVIDE A COPY OF PHOTO ID WITH THIS RELEASE FORM

_____ _____

Signature of Patient / Patient's Representative **Date**

_____

Witness

☐ Parent
☐ Personal Representative
☐ Legal Representative

Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act.