



Release of Information

AUTHORIZATION TO USE & DISCLOSE PROTECTED HEALTH INFORMATION:

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL: _____ Date: _____

Date: _____ Pt ID: _____
 Last Name: _____ First: _____ MI: _____

Date of Birth: _____
 Patient Address: _____

 Patient Home Phone: _____

Requestor's Name: _____
 Requestor's Address: _____

 Requestor's Phone: _____
 Requestor's Fax: _____

PURPOSE OF DISCLOSURE:
 Legal services
 Processing of my insurance claim
 Treatment in the facility indicated above
 Application of insurance or state/federal funding programs
 Other: _____

I specifically authorize the use and/or disclosure of the following highly confidential information: Mental health, HIV results, AIDS information, sexually transmitted diseases, alcohol or drug abuse, sexual assault and/or child/adult abuse and/or neglect. _____ (patient's signature)

SPECIFY INFORMATION TO BE DISCLOSED:
 History & Physical
 Pathology Report
 Consultation Report
 Operative Report
 X-Ray Reports
 X-Ray Films
 Lab Reports
 Other: _____

I UNDERSTAND THAT:

- I have the right to revoke this authorization for any reason and this revocation will not apply to information that has already been released in response to his authorization.
- If I revoke this authorization, I must do so in writing and present my written revocation to the health information management department.
- I can refuse to sign this authorization.
- Any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules.
- Authorizing the disclosure of my health information is voluntary.
- I understand that I may see and obtain a copy of the information described in this form, for a reasonable copy fee, if requested.

I HAVE READ THE ABOVE AND AUTHORIZE THE DISCLOSURE OF THE PROTECTED HEALTH INFORMATION AS STATED:

 Signature of patient (or guardian) _____ Date _____

For Internal Use Only
 Records released by: Fax Mail Patient Other: _____
 Signature of staff releasing information: _____
Validity of Requestor
 Driver's license Comparison of signatures documented in the PHI records
 Passport Request faxed on requestor's letterhead