



Instructions for Completing the Authorization for Release of Health Information

Patients/Representatives need to carefully read and complete every section prior to signing and dating the form to ensure a valid and complete authorization.

1. Patient Information:

Please fill out all patient information that is listed (Name, Address, City, State, Zip Code, E-mail Address, and Telephone). You may give the last 4 digits of the patient's social security number.

2. Release Information From/Release Information To:

- A. Assign what hospital, nursing home, doctors office or other healthcare center(s) will be releasing (copying and sending) the medical records.
- B. List the name, address, fax number and phone number of the organization or person to whom you want the records sent.

3. Purpose:

- A. Check the reason you are giving permission for the records to be released.

4. Records to be released:

- A. Please list the **dates of service** of the records you want released. (Dates the patient was in the hospital or nursing home or seen at the doctor's office or clinic.)
- B. Please be specific as to what part of the medical record is being requested.
- C. Select the format you prefer to receive the information, paper **or** electronic.
- D. Select the method of delivery to receive records.

5. Authorize:

Read the Patient Rights statements.

Please print your name, sign, and date the form to confirm the release of the medical information requested. **Please note that a fee may be charged for copying the records.**

6. Obtaining Your Medical Record:

- A. For access to physician office medical records please contact the physician office where you were treated.
- B. For access to hospital medical records please contact the hospital you were treated at or one nearest you. You may also call 704-667-9500.