



Instructions for completion of “Authorization To Use And/Or Disclose Protected Health Information”

If you are requesting information to be released to someone other than yourself, complete all sections of this form as directed.

1. Print the name and address of the health care provider, clinic or hospital that is to release information.
2. Print the name and address of the person or entity that is to receive your information, under “To use/disclose medical information to.”
3. Print the full name of the patient, including middle initial in “Patient Name” box.
4. Identify the date(s) of service of the health care information you would like released.
5. Identify the reason for the requested release in the “Purpose” box.
6. Print the patient’s social security number.
7. Print the patient’s Date of Birth.
8. Print other names used by the patient.
9. Include the patient’s or personal representative’s phone number.
10. Initial in the space provided for each type of medical record/information you wish to disclose to the recipient. Initial next to any specially protected records that you would like disclosed (Specially protected information is identified with an asterisk).
11. Fill in an expiration date or event. An example of an event is, “while I am receiving services at this facility.” If left blank, authorization will expire 1 year from the date of signing the form.
12. Sign your name if you are the patient or the patient’s legal representative on the “Signature” line.
13. Indicate the date you are signing the form.
14. Print the patient’s name or name of legal representative if applicable.
15. Write your relationship to the patient if you are not the patient.
16. Retain a copy of the authorization for yourself.

If you are the legal representative for the patient please attach a copy of the Power of Attorney, Death Certificate or Probate form.

Once we have received your request in Health Information Services (Medical Records), it will take 7-10 business days to process. If you have any questions regarding your request, please call the Health Information Services department at the site at which you received health care services.

Thank you,
Health Information Services
Release of Information