



PATIENT'S AUTHORIZATION FOR RELEASE OF INFORMATION

Patients Name: _____ Medical Record # _____ DOB: ____/____/____.

I authorize Medical / Clinical information for the above patient, (please check only one box)

To be sent FROM Primary Care at Memorial Hospital to the FOLLOWING:

Or

To be sent TO Primary Care at Memorial Hospital from the FOLLOWING:

FOR THE PURPOSE OF: _____

DATES OF CARE INCLUDED: _____ to _____

DATE REQUESTED: _____

INFORMATION REQUESTED:

_____ History and Physical _____ Operative Report _____ Laboratory
_____ Discharge Summary _____ X-ray Report/Films _____ Consultation
_____ EKG's _____ Other

- I understand that this authorization may be revoked in writing and delivered to the Medical Records Department of Primary Care at Memorial Hospital at any time, although revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed.
- I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.
- I understand that treatment, payment, enrollment or eligibility of benefits may not be conditioned on obtaining authorization AND THAT I MAY REFUSE TO SIGN THIS AUTHORIZATION.

EXPIRATION DATE: This authorization will expire on [date or event] _____. (If no date or event is stated, expiration is 60 days from the date it was signed.)

Signature of individual or representative Date

[Authority or relationship of representative] Date

****SPECIAL AUTHORIZATION:** Drug/alcohol Abuse, Mental Health Information/and or AIDS Information.

I acknowledge that data to be released MAY INCLUDE material that is protected by Federal Law and that is applicable to one or more above. My signature below authorizes release of all such information.

Signature of individual or representative Date

[Authority or relationship of representative] Date