



**Directions for completing the Authorization to Release Information**

**\*\* Note: Release of information will occur after hospital discharge**

**Section A:**

1. Provide the patient's name, date of birth, phone number and last 4 digits of SSN (this is optional).
2. Indicate the date when this form expires
3. Next check the method of delivery: Mail, Fax, CD or Pickup. If you want the information faxed to your provider, indicate the fax number.
4. Provide the reason for disclosure: Legal, Insurance, Personal, Continuation of Care or Clinical Research.
5. Indicate what information you are requesting. Most common is the abstract, which contains the discharge summary, history and physical, ER Report consults and operative reports from the physicians, along with test results such as labs, radiology, and pathology. Otherwise, indicate the specific information you need. Please indicate the dates of service requested.
6. Initial that you acknowledge and consent that the information requested may contain the special types of information listed.
7. Provide the name of the person/facility that you want your information release to. This person may be someone other than the patient. It may be the patient's spouse, parent, power of attorney, another healthcare provider, etc. If the person's name is the same as the patient, just write "SELF"
8. If the person receiving the records is the patient, provide the address of the patient. If the person/facility is different than the patient, provide the address and phone number of the person/facility.
9. There may be a copy fee for the information you requested.

**Section B:**

1. The patient must sign and date the form. OR
2. The patient's LEGAL representative, example: power of attorney, legal guardian, healthcare surrogate, must sign and date the form. (A spouse is not a LEGAL representative unless they have LEGAL power of attorney or healthcare surrogacy paperwork.) A copy of the LEGAL paperwork must be with this request.
3. A photo ID (and the legal paperwork mentioned above if applicable) along with this request is necessary to release any medical information.