

**AUTHORIZATION TO RELEASE INFORMATION**

Date: \_\_\_\_\_  
Date sent: \_\_\_\_\_  
Sent by: \_\_\_\_\_

A medical record processing  
fee may be charged on requests  
for other than patient care.

Patient Name (Include previous names): \_\_\_\_\_

Birth date: \_\_\_\_\_ MR# \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, hereby authorize \_\_\_\_\_ to release health information medical records concerning the above patient to:

\_\_\_\_\_  
Name and address of person/facility

The information may contain copies of discharge summaries, clinical notes, or diagnostic tests pertaining to the patient's evaluation and treatment. If additional information is necessary, please specify:

\_\_\_\_\_  
\_\_\_\_\_

The information is to be used for (please specify reason for this request: i.e. continuing medical care, second opinion etc.):

\_\_\_\_\_

This authorization will automatically expire six months from the date of signature, except as specified: \_\_\_\_\_ months. At the time of expiration, no express revocation shall be needed to terminate my consent, but I understand that I may revoke this consent at any time by sending a written notice to the Director of Health Information Services at Lakes Regional Healthcare. I understand that any release which was made prior to my revocation in compliance with this authorization shall not constitute a breach of my right to confidentiality. I also understand that I may review the disclosed information by contacting the Director of Health Information Services at Lakes Regional Healthcare.

Signature of Patient/Legal Guardian Relationship Date

Address City State Zip Code

\_\_\_\_\_  
Witness

**SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW:**

I specifically authorize the release of information pertaining to:

- \_\_\_\_\_ Substance/Alcohol Abuse
- \_\_\_\_\_ Mental Health Conditions
- \_\_\_\_\_ HIV/AIDS Related Information/Testing

Signature/Date \_\_\_\_\_

**PROHIBITION OF REDISCLOSURE:** This information has been disclosed to you from records which may be protected by federal and state confidentiality laws. You are prohibited from making any further disclosure of this information.