

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

BY SIGNING THIS FORM, YOU AUTHORIZE ALICE HYDE MEDICAL CENTER OR ITS AGENTS TO RELEASE OR OBTAIN YOUR HEALTH INFORMATION TO THE PARTIES LISTED IN SECTION C BELOW. PLEASE COMPLETE ALL SECTIONS. INCOMPLETE FORMS CAN PREVENT OR DELAY RELEASE.

Section A:

Patient Name: _____ Date of Birth: _____

Patient Address: _____ City: _____

State & Zip Code: _____ Phone Number: _____

Section B: Reason for Release of Information:

<input type="checkbox"/> Medical Care	<input type="checkbox"/> Personal Records	<input type="checkbox"/> Insurance/Payment	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> School:
<input type="checkbox"/> Attorney/Legal Proceedings	<input type="checkbox"/> Provider Transfer	<input type="checkbox"/> Disability	<input type="checkbox"/> Other:	

Section C: Party to Receive or Obtain Information:

- Release a copy of my protected health information (PHI) to:
- Obtain a copy of my PHI from:

Name: _____	
Address: _____	
Phone Number: _____	Fax Number: _____
Delivery Method : <input type="checkbox"/> Mail <input type="checkbox"/> Pick Up <input type="checkbox"/> Secure portal (Please provide email address to receive link: <input type="checkbox"/> E-mail address: _____ (only for patients, patient guardian(s), or next of kin for deceased patients). <input type="checkbox"/> CD <input type="checkbox"/> Other: _____	
Please note that if the request is for an unencrypted electronic delivery method, it may not be secure. The requester acknowledges and accepts risk associated with unencrypted electronic transmission. It is the recipient's responsibility to protect the information once received.	

Section D: Description of the Information to be released:

The date of service and type(s) of information to be used or disclosed are as follows:

The records to be released will cover the time period from _____ to _____

Records from a specific Provider/Clinic: _____

- Discharge Summary
- Emergency Dept. Notes
- Cardiology Testing Reports
- Billing
- Inpatient Notes
- Laboratory/Pathology Reports
- Radiology Reports
- Immunizations
- Office or Clinic Notes
- Operative Reports
- Radiology Images
- History and Physical
- Consults

Other: _____

