

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient's Name

Patient's Address

City, State, Zip Code

Telephone Number

Date of Birth Social

Security Number

The undersigned hereby authorizes MARION GENERAL HOSPITAL, 441 NORTH WABASH AVENUE, MARION, IN 46952, to release the following portions of the medical record(s) of the above named patient during the time period of: _____

(approximate dates)

___ Discharge Summary ___ Laboratory Report(s) ___ Emergency Treatment

___ History & Physical Report ___ X-Ray Report (s) ___ Other (specify) _____

___ Operative Report ___ Pathology Report _____

RELEASE THIS INFORMATION TO:

Name of person, physician, attorney, hospital, clinic or institution

Address of above

City State

Zip Code

THE MEDICAL RECORD IS REQUESTED FOR THE FOLLOWING PURPOSE:

___ Attorney

___ Insurance

___ Continued Medical Treatment/Follow-up

___ At the request of the individual

___ Workmen's Compensation Claim

___ Disability

___ Employer

___ Other: _____

I understand that I may REVOKE this release at any time, by writing to Marion General Hospital's Privacy Officer, but the request shall remain valid until revoked or upon the expiration of sixty (60) days, whichever occurs first, EXCEPT to the extent that action has been taken thereon. I also understand that this release may include medical records of treatment for *physical and/or emotional illness, including treatment of alcohol or drug abuse*. I also understand that *HIV, AIDS or AID-related and/or communicable disease* information may also be released. I also understand the released information may be subject to re-disclosure by the recipient and may no longer be protected by the federal privacy law.

Signature (Designated by Law)

Date of Signature

Relationship (If other than patient)

Witness

Call Taken By: _____ Date Copies Ready: _____

Copies Made By: _____

Contacted By: _____ Date Contacted: _____

Amount Charged: _____

Released By: _____ Date Released: _____

Health Information Management
Address: 500 N. Wabash Ave., Suite 112
Marion, IN 46952-2690
Telephone: (765) 660-6060
Fax: (765) 662-4193
Hours: Monday through Friday, 8 a.m. – 4 p.m.