MARION HEALTH

PLACE PATIENT LABEL HERE

Authorization for Release of Medical Information

PATIENT NAME _____ DATE OF BIRTH _____

ADDRESS _____ XXX-XX- _____
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

CITY / STATE / ZIP _____ TELEPHONE NUMBER _____

The undersigned hereby authorizes Marion Health to release the following portions of the medical record(s) of the above named patient during the time period of: _____
APPROXIMATE DATES

Facility where services were provided: ☐ Marion Health ☐ Marion Health Express

☐ Marion Health Physician Practices _____
PROVIDER NAME

☐ Discharge Summary ☐ Laboratory Report(s) ☐ Emergency Treatment
☐ History & Physical ☐ X-Ray Report(s) ☐ Radiology Images
☐ Operative Report ☐ Pathology Report ☐ Other _____

Patient requests records to be prepared by: ☐ Paper ☐ Electronic ☐ CD ☐ Fax

☐ Secure Email _____
EMAIL ADDRESS

☐ Other *(describe)* _____

Release this information to:

_____
NAME OF PERSON, PHYSICIAN, ATTORNEY, HOSPITAL, CLINIC, OR INSTITUTION

_____
ADDRESS OF ABOVE CITY / STATE / ZIP CODE

☐ Attorney ☐ Disability ☐ Continued Medical Treatment/Follow-Up
☐ Insurance ☐ Workmen's Compensation Claim
☐ Employer ☐ At Request of the Individual ☐ Other _____

I understand that I may **REVOKE** this release at any time, by writing to Marion Health'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 AIDS-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 Request Ready: _____ Request Completed By _____
Contacted By: _____ Date Contacted: _____ Amount Charged: _____
Released By: _____ Date Released: _____ ☐ **Chart Incomplete: Please initial** _____

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