

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION SAP 10058626 / 02-09

PATIENT NAME IN FULL		<input type="checkbox"/> M AGE	DATE OF BIRTH	TODAY'S DATE
		<input type="checkbox"/> F		SOCIAL SECURITY NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE				TELEPHONE NUMBER

I hereby authorize Warren Clinic, Inc. ("Facility") to **RELEASE** or **OBTAIN** (Please check appropriate box) information and copies of records pertaining to my medical care and treatment.

I request my medical records

- 1 Year 2 Years Entire Chart Substance/alcohol screen results Other, *specify* _____

RELEASE TO	<input checked="" type="checkbox"/>	PURPOSE OF REQUEST	COST FOR COPIES*
		Self, Employment or Other	FIRST PAGE \$1.00
		Attorney	EACH SUBSEQUENT PAGE \$0.50
OBTAIN FROM		Insurance Company	\$0.50
		Physician	No Charge
		Medical Claims Processing	No Charge
		Disability	\$15.00

**For mailing, postage will be charged*

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE, OR RELATE TO MENTAL HEALTH, OR DRUG, SUBSTANCE OR ALCOHOL ABUSE.

I understand that if I am requesting records / information for release to me or patient representative:

- laws may prevent certain records being released to the patient
- in certain situations, records denied for release to the patient may allow patient to request and obtain a review of the denial

Drug / Alcohol Abuse Treatment Records: This category of medical information/records is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit anyone receiving this information or records from making further release unless further release is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

This Authorization:

- will expire in 12 months or _____
- may be revoked in writing care of the Medical Records Custodian, according to the Facility's Notice of Privacy Practices, but prior disclosures will not be affected
- is not required for obtaining treatment or reimbursement for treatment, unless the sole purpose of this Authorization is to determine payment of a claim for benefits
- is required for employment-related substance/alcohol screening

WARNING: We have no control over any information and records released to any person, firm or agency under this Authorization and it is therefore possible that a release of this information or records may occur by such party.

Release: I release Saint Francis Health System and the Facility listed above, its employees and agents from any liability in connection with the use or disclosure of the information and records released to any party pursuant to this Authorization.

PATIENT - SIGNATURE	DATE	TIME
WITNESS - SIGNATURE	DATE	TIME
PERSON AUTHORIZED TO SIGN FOR PATIENT - SIGNATURE	DATE	TIME
REASON PATIENT UNABLE TO SIGN	RELATIONSHIP TO PATIENT	

TRANSLATION - This is to certify that the above Authorization has been read to the patient (or representative) in his/her native language; all representations which appear in the Authorization were understood and authorized by the patient (or representative).

INTERPRETER - SIGNATURE	DATE
PHYSICIAN / CLINICIAN APPROVAL - IF APPROPRIATE	<input type="checkbox"/> Approve GIVEN TO - INITIALS DATE <input type="checkbox"/> Decline

- Only the most recent two years of the patient information was copied. Please contact us for additional information if desired.*
- Only information from this specific physician's medical care was copied. Copies of old records from other physicians were not copied.*
- Only the most recent _____ years of the patient information was copied. Please contact us for additional information if desired.*
- Certain information has been excluded as it is restricted by law without the patient's specific written consent or a court order.

*Not applicable for records requested for legal purposes.

