



Authorization for Release of Information

roi@freemanhealth.com

All sections of this authorization form MUST be completed to be valid in accordance with 42 CFR Parts 160 and 164

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone: _____ Maiden or other names: _____

I request my protected health information (PHI) be released from:

- Clinics, Hospitals, ER and Urgent Care with checkboxes for various departments like Cornell-Beshore Cancer Institute, Freeman Hospital East and West, etc.

[] Other (Specific Provider Location / Provider Name/ or Doc Type): _____

I request my protected health information (PHI) be released to:

Name: _____ Email: _____

Address: _____ Phone: _____

City/State: _____ Zip Code: _____ Fax (immediate purposes only): _____

* I authorize the following PHI to be released from my medical record(s):

- Abstract/Pertinent Summary*, Emergency Room Record, Itemized Billing, Laboratory Reports, UB-04 Claim Form, Complete Medical Record, Radiology Reports, 1500 Claim Form

[] Other: _____

Covering the period of health care from:

[] Specific Date(s): _____ to _____

Purpose for requesting information:

How Information is to be received (if not marked, paper is default)

- Legal, Insurance, US Mail - paper format, Fax, Personal, Continuation of Care, CD - Secure electronic format, Pick up copies in the Department, Email

By signing this authorization form, I understand that:

- * Requests for copies of medical records... * I have the right to revoke this authorization... * Unless otherwise revoked, this authorization will expire... * Treatment, payment, enrollment... * I authorize the release of any information... * I authorize the release of any info. pertaining to genetic testing...

Patient/ Authorized Representative Signature: _____ Date: _____

Printed Name of authorized Representative: _____ Relationship to Patient: _____

Witness Signature: _____ Date: _____

If signed by a patient's authorized representative, supporting legal documentation must accompany this authorization form