



HEALTH INFORMATION MANAGEMENT DEPARTMENT

PHONE (214) 265-2810 FAX (214) 594-7616

In order to process your request, please complete all fields. All faxed requests must include a copy of the requestor's non-expired driver's license.

AUTHORIZATION FOR REQUEST/RELEASE OF MEDICAL INFORMATION

I hereby authorize North Central Surgery Hospital to obtain/ disclose copies of my protected health information to:

Facility Name/Physician /Patient

Address Phone #

Patient Name Date of Birth

Date(s) of Service

INFORMATION TO BE RELEASED:

- Discharge Summary Lab Report(s) History and Physical
Operative Report Radiology: X-Ray Report / CD Anesthesia Report
Other: All

Record is incomplete as of

The above information is to be obtained / released for the following purpose and that purpose only; any other is purpose is forbidden.

I hereby authorize the release of any and all records containing alcohol/drug abuse, HIV/AIDS status and/or testing and psychiatric diagnosis.

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written authorization unless otherwise provided in the regulations.

I understand I have the right to revoke this authorization at any time except to the extent that action has been taken in reliance on it and that in any event this authorization expires automatically as described below.

This authorization will expire in ninety (90) days from the date of my signature or as otherwise specified by date, event or condition as follows:

Signature of Patient or Legal Representative Date

Relationship to Patient (Must be Parent if patient is minor) Contact Number

PROHIBITION ON REDICLOSURE: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42 CFR, Part 2) prohibits you from making any further disclosure of this information except with the specific written consent of the patient. A general authorization for the release of information if held by another party is not sufficient for this purpose. Federal regulation state that any person who violates provision of this law shall be fined not more than \$500 in the case of a first offense and not more than \$5,000 in the case of each subsequent offense. This authorization is HIPAA compliant.

FOR HEALTH INFORMATION MANAGEMENT USE ONLY
IDENTIFICATION VERIFIED BY: Signature Comparison Driver's License Other
Date Released Released by (initials)