



## Release of Information Instructions

To protect the privacy of our patients and to maintain the confidentiality of their personal health information, we must obtain a valid, complete, and legible authorization for release of medical records.

**All sections must be completed to be a valid authorization.**

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### Section I – Patient Information:

- Name: print the full, legal name of the patient.
- Birth date: month, day, and year of birth.
- Mailing address of patient: street, city, state, and zip code of patient.
- Phone: patient’s primary phone number.
- Alternate phone: additional phone number, if applicable.

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### Section II – Release Information to:

- Select how you would like records to be delivered.
- Print the name of the person or organization that is to receive the medical records along with their complete address, city, state, and zip code. Please include their phone number, if known.
- If the information is going to an organization, please include the person or department whose attention the records should go.
- If records are to be electronically delivered, a fax or email must be included.

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### Section III – Purpose of Request:

- Check the box that best explains the purpose of the request.
- If the Other box is checked, please write the reason in the space provided.

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### Section IV – Information to be Released:

- Fill in the approximate date of service, if known.
- If records will be needed after signature date, you will need to list the through date here. If to “present” is listed, we will only be able to release medical records that were created on or before the date signed.
- If records are needed for a specific clinician or clinic only, fill in that information.
- Check the box next to the type(s) of medical records requested.
- If the Other box is checked, please write the needed medical records in the space provided.
- If x-rays are needed in addition to the reports, write which images are needed under Other.

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### Section V - Authorization to Release Protected Information:

- If any information listed here is needed, you must initial next to each. If any initials are missing, we will not be able to release that information.

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### Signature:

- Review the Attention section to make sure the correct signature(s) are included.
- If representative is signing, the printed name and relationship must be included.
- Attached copies of legal documents outlining the representative’s legal right to sign on the patient’s behalf, if applicable.
- Government issued ID is required to verify signature.

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**Return Your Completed Authorization to the Release of Information Department**