

Instructions for Completing Authorization to Release Health Information

To protect our patient's confidential medical information we must have a valid, complete and legible authorization to disclose their health information.

1. **Patient Information: Print the patient's:**

- Full, legal name - Date of Birth - Include maiden name or any alias names used
- Phone number - Social security number

2. **Health Information Released FROM:** Check only one of the boxes. If you select Hennepin County Medical Center it will include clinics, emergency room and hospital records; unless otherwise noted in section #4. If choosing "Other" please provide the organization's name and address to obtain information from.

3. **Health Information Released TO:** Print the name of the person or organization that is to receive the information, be sure to include the complete address, city and state and/or fax number.

4. **Health Information to be Released:** Indicate a date of service, type of visit (clinic, inpatient, radiology, etc.) or specific report types as listed on the form. If you want to authorize the release of your entire medical record, check the other box and write Any and All on the line.

All sensitive information; including alcohol and drug use/abuse records, mental health records and HIV/AIDS records will automatically be released unless the individual items are initialed. Initial each line indicating the specific sensitive information you DO NOT want us to release.

5. **Type of release:**

- ¿ **Verbal Exchange** – Check this box if you are allowing verbal discussions of your health and billing information with parties listed.
- ¿ **Review** – check this box if you are allowing the review of your medical record by the party listed in #3 above.
- ¿ **Hard Copies** – check this box if you are allowing paper copies of your information to be given to the party listed in #3. Be sure to indicate what information should be release in the *Health Information to be Released* section. If only allowing release of records relating to specific illness/injury please list it on the *Other* line.
- ¿ **CD** – check this box if you are looking to have your information sent to party listed in #3 on a CD. Please remember that if you need these records faxed you cannot choose this option. Also note that the recipient of the CD will need to have computer applications that allow them to view a PDF file.

6. **Purpose of Release:** Check appropriate box or write in if other purpose. If you have an upcoming appointment that these records are needed for, please provide the appointment date.

7. **Delivery Method:** Please check the box to indicate how the records should be sent to the party in #3.

- ¿ **Mail** – if you check this box please make sure you have a complete address for the party in #3.
- ¿ **Fax** – check this box for continued care release only and be sure to include a fax number for the party in #3.
- ¿ **Pick up by patient/designee** – check this box if you want to have the information picked up. Whomever you would like to pick up the information will need to be listed as the party in #3. The person picking up the information will need to have a valid photo identification card.

¿ **There may be a charge for records.**

8. **Authorization/Revocation:** This authorization will terminate one year from the date signed unless you specify an earlier date. Any medical information after the date of signature will not be released. If you need to have your information sent after the date signed on this form please ask the staff for help. The patient or legal representative must sign and date the authorization in order for it to be valid. If a legal representative signs we will need a copy of document showing legal representation.

If help is needed to complete this form, you may contact the HCMC HIM Release of Information staff at 612-873-3179 or stop by the department located on the Red building Lower Level (RL.200) at the times listed below:

- Monday - Friday, 7:00 AM – 5:30 PM
- Closed Saturdays, Sundays and Major Holidays