

Authorization to Release Medical Records



Patient Name:		Birth Date:	
Address:		Phone:	

This is to authorize the describe medical records regarding the above patient to be release by:

North Canyon Medical Center
267 North Canyon Drive
Gooding, Idaho 83330
208-934-4433 FAX 208-934-8643

Facility/Provider receiving records:			
Address:		Phone:	
Contact Person:			
Describe purpose or need for records:			

Description of Information requested: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol or Drug abuse Records
(must initial to be valid) | <input type="checkbox"/> History and Physical | <input type="checkbox"/> Out-patient reports |
| <input type="checkbox"/> All Records | <input type="checkbox"/> Discharge summary | <input type="checkbox"/> Emergency room |
| | <input type="checkbox"/> Urgent Care | <input type="checkbox"/> Other |

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This authorization is valid for 90 days from the date signed.

This authorization may be revoked at any time, in writing. For instructions on how to revoke this authorization, please refer to the hospital's "Notice of Privacy Practices".

Treatment or payment may not be conditioned upon our receipt of this authorization.

The information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Release medical information as a result of this authorization may mean that your medical information could be re-released by the recipient and no longer be protected by Federal Privacy Rules.

Signature:		Date :	
Signature of Personal Representative:		Date :	

(State relationship and reason for signing (patient is incompetent, minor, etc.))

Witness:		Date :	
Information released By:		Date :	