



BOYD MEMORIAL HOSPITAL

800 School Street, Carrollton, IL 62016

Phone: (217) 942-6946

Fax: (217) 942-9012

Authorization For the Release of Health Information

I authorize Thomas H. Boyd Memorial Hospital to release or obtain Protected Health Information. The records may include information related to mental health, drug/alcohol or HIV/AIDS/STD.

Patient Name _____ Last 4 Digits of SS# _____ Date of Birth _____

Send information to: Receiving Agency/Person: _____

Address: _____ Phone: _____ Fax: _____

Dates to be released: _____

Information Requested:

☐ Emergency Room ☐ Physical Therapy Notes ☐ X-Ray Reports & Disc ☐ Hospitalization
☐ Lab Results/Pathology Report ☐ Other: _____

Purpose for which records will be used:

☐ Physician/Health Care Facility ☐ Self ☐ Legal ☐ Insurance
☐ Other: _____

Legal authority for request:

☐ I am the patient ☐ Legal guardian ☐ Power of attorney ☐ Note

I understand this authorization may be revoked at any time, providing the information has not already been disclosed. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I also understand that once the above information has been disclosed per my instruction, the information may no longer be protected by the confidentiality laws. Unless otherwise specified or revoked, this authorization will expire in 60 days from the date of my signature on this form. The release will be processed within five to seven working days by the Health Information Management Department after receiving the request. I also understand there may be charges for copying of the medical information and that I am responsible for those charges.

I hereby state that I have read and fully understand the above statements.

Signature of person making request _____ Relationship to patient _____ Date _____

Printed name of person making request _____ Witness _____

For Health Information Management completion if needed:

Request is being denied because: ☐ No record on file for specific date requested
☐ Other: _____