

**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: \_\_\_\_\_