

Instructions for Completing the Authorization to Disclose Health or Billing Information Form

Carefully read and complete each section of the form prior to signing and dating the form to ensure a valid and complete authorization.

1. **Patient Information:**

- A. Please fill out all patient information that is listed (Name, Address, City, State, Zip Code, Date of Birth, Last 4 number of SSN, and Telephone). If you request to receive records by email, please list your email address.

2. **Release Information From/Release Information To:**

- A. Write the name of the hospital, doctor's office or department that will be releasing the medical records.
B. List the name, address, fax number and phone number of the organization or person to whom you want the records sent.

3. **Purpose:**

- A. Check the reason you are giving permission for the records to be released.

4. **Records To Be Released:**

- A. You must list the dates of service for the records you want released. (Dates the patient was in the hospital or seen at the doctor's office or clinic.)
A. Please be specific as to what part of the medical record is being requested.
 - Hospital Abstract is a summary of recent dictation, labs, x-rays, discharge instructions visits and may include admission information, history & physical, discharge summary, diagnostic test results, Emergency Department notes, orders.
 - Office/Clinic Abstract is a summary of recent visits to the practice, and may include most recent office visits, physical exam, consults, diagnostic test results, physician dictation.

B. If you need the entire medical record, please only check that box.
C. Select the format you prefer to receive the information: paper or electronic
D. Select the method of delivery to receive records.

5. **Authorize:**

- A. Please print and sign your name. Date the form to confirm the release of medical information requested.
B. If you are completing the form for the patient, please check the box to let us know how you are authorized to sign for the patient. You may be asked to provide proof of your relationship and/or authority to sign the form.

Please note:

- **A fee may be charged for copying records.**
- **You will be asked to show a copy of your driver's license or a government issued ID when you complete the authorization form.**
- **NC and VA: If a minor consented for their outpatient treatment for pregnancy, sexually transmitted disease or behavioral/mental health without parental consent, the minor must sign this authorization. SC: Minors 16 years or older, we will not disclose information about the treatment you received and consented for without your authorization.**