FOR INTERNAL USE ONLY		
MR#		
ACCT # (most recent)		
Date Received Date Completed		
Completed By		
ormation to be disclosed and used by the following:		
FROM (Releasing Facility)		
Name:		
Address:		
City:		
State, Zip:		
Phone #:		
Fax #:		
Data (Dist)		
Date of Birth		
Daytime Phone Number		
amed individual's health information as described below.		
or disclosed is as follows, including dates:		
REPORT TYPE DATE(S)		
Progress Notes Physician Orders Lab Report X-Ray Report Entire Record Other, specify record may include information relating to sexually transmitted (AIDS), or human immunodeficiency virus (HIV). It may also health services, and treatment for alcohol and drug abuse.		

 I understand that I have a right to authorization, I must do so in wri Department. I understand that the response to this authorization. I law provides my insurer with the authorization will expire on the for expiration date, event, or condition 	iting and present my written r he revocation will not apply to understand that the revocati right to contest a claim unde ollowing date, event, or condi	evocation to the Health Inform o information that has already to on will not apply to my insurand or my policy. Unless otherwise tion:	ation Management been released in ce company when the revoked, this
 I understand that authorizing the authorization. I need not sign th copy of the information to be use information carries with it the pol by federal confidentiality rules. I Health Information Management 	is form in order to assure tre- ed or disclosed, as provided i tential for an unauthorized re If I have questions about disc	atment. I understand that I main CFR 164.524. I understand disclosure and the information losure of my health information	y inspect or obtain a that any disclosure of may not be protected
Signature of Patient or Legal Repres	sentative	Date	
If signed by Legal Representative, F	·	Signature of Witness	
******************	FOR INTERNAL USI	**************************************	
Identification of Patient or Personal Rep	resentative:	•	
☐ Driver's License☐ Work Photo Badge☐ Other Photo ID☐ Other, specify	☐ Social Security Number ☐ Two Utility Bills ☐ Notarized Signature	Power of Attorney Executor/Adm Estate StV Knows Individual	: