



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name _____ Date of Birth _____ Daytime Phone # _____

Street Address: _____ City: _____ State: _____

Email Address: _____

I hereby authorize Coryell Health to release my protected health information as indicated below to:

Information same as above

Name _____

Phone Number _____ Fax Number _____ E-mail Address _____

Mailing Address _____

Circle Information to be Released:

Lab Reports	Radiology Reports	History and Physical	Discharge Summary
Operative Report	Emergency Record	CD of Information	Other _____
Dates of Treatment _____			

Reason for Release: _____

1. I understand that the health information released may include information relating to substance abuse, mental health and communicable diseases (including HIV) unless specifically restricted.
2. I understand this authorization will automatically expire 180 days from the date of my signature.
3. I understand that I may revoke this authorization at any time by notifying the Health Information Management Department in writing, and that this authorization will cease to be effective on the date notified except to the extent action has already been taken in reliance upon it.
4. I understand that information released pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by federal privacy regulations. However, other state or federal laws may prohibit the recipient from disclosing specially protected information, such as substance abuse, HIV and mental health information.
5. My health care and payment for my health care will not be affected if I do not sign this form.

By signing below, I acknowledge that I have read and understand this authorization.

_____	OR	_____
Signature of Patient	Date	Parent/Guardian/Representative Date

Initial appropriate selection:

____ Biological parent
 ____ Legal guardian (requires documentation)
 ____ Legal representative (requires documentation)

***Office Use Only**

MR# _____ Visit# _____ # Pages _____ Released: ___ In Person ___ Mail ___ E-Mail ___ Fax

Records Prepared by: _____ Date: _____

Records Released & Logged by: _____ Date: _____