
**Please follow instructions carefully. Failure to complete form properly
may delay release of records**

Patient Authorization to Release Health Information

INSTRUCTIONS RELATING TO THE AUTHORIZATION FOR RELEASE OF INFORMATION

The Authorization form, which follows, must be used before disclosing any patient health information.

The Authorization form has three sections – A, B, and C. Sections A and C must be completely filled out in all cases where the form is used. In addition, Section B must be filled out when a health plan, health insurance company or health care provider is requesting that the patient sign an authorization.

Section A – Must be completed with

- Patients name and date of birth and Social Security number for identification purposes. Information will not be disclosed without proper identification.
- Person or Organization receiving the information. Must include name, address and telephone number
- Must have specific dates and description of information being requested.

Section C – Read each line and initial next to it. If you are the patient, sign and date. If you are the patients representative sign and date and print your name and relationship to the patient
