For Physician Office Use

INFORMATIONAL GUIDE for Completing the
Authorization for Release of Protected Health Information Form

Patient Information:
- Full Name at Time of Visit
- Birth Date
- Social Security Number/MRN

Recipient Information:
For Physician Office/Medical Facility:
- Facility Name
- Complete Address
- Phone and Fax Number
For Personal Use:
- Recipient Name
- Complete Address
- Phone Number

List the physician/office where services were rendered. (Office name preferred)

Purpose for Release:
Send to Patient/Patient Representative:
- “Personal Use”
Send to Physician Office/Medical Facility:
- “Continuing Care/Medical Facility”
Send to Insurance Company
- “Insurance”
Send to Legal Group
- “Legal”

1. Service Type and Date
Range:
Select type(s) of records to be released and dates of service*.

Types of Services:
- Physician’s Office or Clinic: Records from a particular physician’s visit or a range of visits or clinic visits.
- Outpatient: Not admitted to hospital, e.g. Lab tests, X-rays, EKGs.
- Inpatient: Please use Hospital ROI form.
- Emergency Dept: Please use Hospital ROI form.

2. Documents to Be Released:
Check specific report(s)/records to be released that correspond with dates of service.

Date, Signature and Additional Documentation:
The patient or patient representative must sign and date the authorization.

If signed by a patient representative, a description of the authority to act for the individual is required. The authorized representative should choose one of the boxes above and provide appropriate documentation. If the patient is deceased, a copy of Executor of Estate papers must be included with the request. If the patient is living, a copy of Power of Attorney paperwork or other letter of representation must be provided.

*If patient dates of service are unknown, approximate by month and/or year.