



**Authorization to Release Medical Information**

This form is to authorize that medical information regarding the below identified person be forward to St. Joseph Medical Center.

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**You may use or disclose the following health care information (check all that apply):**

All health information in my medical record.

Other, specify date or dates: \_\_\_\_\_

**Reason for this authorization (check all that apply):**

Transferring care to St. Joseph Regional Medical Center

Other (specify) \_\_\_\_\_

**I'm requesting my personal health care information be sent from:**

Name (or title) and organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I acknowledge that data to be released may include material that is protected by Federal Law and that is applicable to drug/alcohol abuse information, mental health information, sexually transmitted disease and/or HIV/AIDS information. My signature below authorizes release of all information. I acknowledge that the above information may be sent by FAX and may be received by persons other than medical personnel and consequently, there is a risk of loss of confidentiality. I understand that information may be redisclosed by the physician or institution requesting the information is no longer protected.

This release of information authorization is valid until revoked by me, in writing, at any time. I understand that I may revoke my authorization except to the extent that St. Joseph Regional Medical Center has taken action in reliance thereon. I understand that there are ways that my health information can be disclosed without my authorization. If I would like more information of these disclosures, I understand I can request a copy of the "Notice of Privacy Practices".

\_\_\_\_\_  
Patient/Responsible Party:

\_\_\_\_\_  
Date of request:

Relationship to Patient: \_\_\_\_\_