

GUERNSEY HEALTH SYSTEM

Authorization to Release Patient Information and Consent to Disclosure of Confidential Information

Patient Name

Birthdate

Phone Number

Medical Record #

The undersigned hereby authorizes Guernsey Health System:

or _____ (Name of other facility if applicable)

to release the following patient information, and consents to disclosure of any and all confidential information contained therein, from paper or electronic medical records maintained by said facility to:

Name of person, facility, or organization

Address of person, facility or organization

Information Authorized For Release

Table with 3 columns: Hospitalization/Treatment Dates, Account Number, Information Released

Purpose of Disclosure: [] Medical Care [] Personal Information [] Insurance [] Legal

[] Other _____ (specify)

I Understand and acknowledge that my patient information may contain alcohol/drug abuse, mental health information and/or documentation of the diagnosis and/or treatment of AIDS, ARC, HIV positively and other related diseases.

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATION (42 CFR, PART 2) PROHIBITS YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT, OR USING IT FOR ANY PURPOSE OTHER THAN THAT STATED ABOVE, WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.

This authorization for release of information is valid for one year from the date of signature, but may be revoked earlier by expressed patient written notice to the providing institution, requirement except to the extent said institution has acted in reliance thereon. Information used or disclosed in accordance with this authorization may be subject to redisclosure by the recipient and no longer protected.

Signature of Patient or Authorized Representative Date Time

Relationship to Patient (if applicable) Date Time

Witness Date Time

Records released to: _____ Date: _____ Time: _____

Identification verified: [] Photo ID [] Other _____ (specify)

Prepared By: _____

