



Authorization for Release of Protected Health Information

Patient Name (Last, First, Middle Initial) _____ Maiden or Other Name _____
 Date of Birth _____ SSN# _____ Home Phone _____
 Address _____ Cell Phone _____
 City, State, Zip _____ Email _____

I hereby authorize _____ (print name of provider) to release information from my file as indicated below to:

Tri-Area Community Health
Send all correspondence to:
PO Box 9
Laurel Fork, 24352
Fax: 276-398-3331

I hereby authorize Tri-Area Community Health to release information from my medical record as indicated below to:

INFORMATION TO BE RELEASED:

<input type="checkbox"/> History and Physical Exam	_____	DATES	_____
<input type="checkbox"/> Progress Notes	_____		_____
<input type="checkbox"/> Lab Reports	_____		_____
<input type="checkbox"/> X-ray Reports	_____		_____
<input type="checkbox"/> Other _____	_____		_____

I specifically authorize the release of information relating to:

- Substance Abuse (including alcohol/drug abuse)
- Mental Health (including psychotherapy notes)
- HIV related information (AIDS related testing)

Signature of Patient or Legal Guardian

Date

Purpose of release:

- Continuation/Coordination of Care, follow-up treatment or ongoing care
- Other _____

AUTHORIZATION:

- I understand this authorization will expire (90) days after I have signed this form.
- I understand I may revoke this authorization at any time by notifying the providing organization in writing, and the revocation will be effective on the date notified except to the extent action has already been taken.
- I understand information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by Federal privacy regulations
- I understand that while there is usually no charge for medical records if copies are sent for ongoing care or follow up treatment, **some facilities charge for transfer of records. The patient is responsible for any charges related to the transfer of records.**

Signature of Patient/Legal Guardian

Date