Stellis^{*}Health

AUTHORIZATION TO RELEASE/RECEIVE MEDICAL INFORMATION

See reverse side for directions on how to complete and submit this form

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(must provide proof of Legal right to sign)						J	

Directions for Completion of Form

Patient Identity - This is the identifying information of the person whose records are to be released. Complete the entire section. This ensures that the correct patient record will be selected.

Who is releasing - Identify the name of the clinic, hospital, or other health care facility that has the information that you want released.

Who is receiving - This section must be completely filled in with the name and address of whomever is to receive the information. The requested information will be mailed. Typically we do not fax records unless it is a medical emergency. Arrangements can be made if you would like to pick up your records. Contact staff in the HIM department. *Please allow 7 to 10 business days to process your request.*

What is to be released - This section gives us the instructions for what information you want released. Be as specific as you can. If selecting <u>all records</u>, we will release the last 2 years of medical information. Sensitive information does require your very specific consent. This form will be returned to you if this section is not filled in.

Reason for Disclosure - HIPAA requires that the patient indicates why the records are being released.

I understand by signing below - Read this section carefully. This is the information you need in order to make an informed consent to release your records.

Signature - A patient age 18 or older must sign and date this form. Either parent can sign for minor children as long as they state they are the parent. Legal guardians and/or Power of Attorney may sign this release but MUST provide proof of legal right to sign this document.

How to Submit Your Completed Form

Use one of the following methods to submit your completed form to Stellis Health:

- Email to: medical.records@StellisHealth.com
- Mail or drop off at either of our Stellis Health clinic locations (addresses below)
- Fax to 763.581.9090, attention Medical Records