North Ottawa Community Health System

Medical Records Authorization for Disclosure of Health Information

Patient Name: _____ **Date of Birth:** _____

Address: _____ **Telephone:** _____

_____ **Record #:** _____

I authorize _____ to disclose the
Hospital or Physician

following information from my health information record relating to my treatment on _____.
Dates of Treatment

This information is to be disclosed to: _____

Information to be disclosed:

- ☐ Cardiac Rehab Reports
- ☐ Consultation Reports
- ☐ Discharge Summary
- ☐ Physician Progress Notes
- ☐ Emergency Dept. Records
- ☐ History/Physical Reports
- ☐ Itemized Billing
- ☐ Rehab Notes
- ☐ Lab/Path Reports
- ☐ Medical Imaging (films & report
- ☐ Nurses' Progress Notes
- ☐ Operative Reports
- ☐ Other _____

I authorize this disclosure to include information relating to the following:

- AIDS/HIV(Acquired Immunodeficiency Syndrome/Human Immunodeficiency Virus
- Psychiatric Care/ Mental Health
- Substance (alcohol and/or drug) Abuse

I understand this authorization may be revoked at any time, by providing a written statement to the Health Information Management Department, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____
(but in no event longer than 1 year from the date of execution below)

I understand NOCHS can't condition treatment on whether I sign this authorization. I understand that the information may be subject to re-disclosure by the recipient of this information and may no longer be protected by state or federal privacy laws.

Signed: _____ Date: _____
Patient Signature

Signed: _____ Date: _____
Guardian or Activated Patient Advocate

1. Receiving Authorization	2. Process Authorization:	3. Releasing Authorization
By Employee _____	By Employee _____	By Employee _____
Date Received: _____	Date Request Processed _____	Date Request Released _____
ID Verification ☐		ID Verification ☐

Please Forward This Document to Health Information Management