## DEACONESS HEALTH SYSTEM AUTHORIZATION TO RELEASE MEDICAL INFORMATION

AUTHORIZATION TO RELEA	ASE MEDICAL IN		Loot A Digito Dt CCN.
Name of Patient:		Patient Birth Date:	Last 4 Digits Pt SSN:
Patient Address:		Patient Telephone:	
I AUTHORIZE RELEASE OF RECORDS			
RELEASE FROM  Deaconess Hospital, Evansville, IN (includes Gateway) The Heart Hospital, Newburgh, IN The Women's Hospital, Newburgh IN Deaconess Henderson Hospital, Henderson, KY Deaconess Union County Hospital, Morganfield, KY Deaconess Clinic, Evansville, IN Office of: Evansville Surgery Center, Evansville, IN Deaconess Cross Pointe Hospital, Evansville, IN (Behavioral health records) Progressive Health, Evansville, IN (Outpatient rehab records) Other: Specify name and address	Facility: Address: Telephone: Fax: Email: □ Personal copy □ Litigation agai □ Litigation agai □ Other: Specify	PURPOSE / □ Continuing nst facility/doctor	care an the facility/doctor
Release the following  Dates of Service: ☐ Inpatient ☐ Outpatient ☐ Physician Office			
<ul><li>□ Doctor/provider notes</li><li>□ Medication record</li><li>□ □</li></ul>	HIV results Substance abuse Mental health rec	e records ord I test results only	an Office
<ul> <li>This authorization is valid for 60 days from date of signature below unless specified otherwise here:</li> <li>This authorization may be revoked by writing to the Medical Records Custodian at the RELEASE FROM facility. Records released prior to revocation cannot be recalled.</li> <li>We will provide treatment to you even if you do not authorize release of your records unless the sole purpose for the service is to generate information to be released.</li> <li>Records released (other than alcohol/substance abuse records) may be subject to re-release and no longer protected by federal privacy law. Alcohol/substance abuse records may not be re-released without your authorization.</li> </ul>			
How do you want these delivered? □ Personal pickup □ Mail (□ paper or □ CD) □ Fax □ Email □ MyChart Deaconess will encrypt records sent on electronic media. You may request that an electronic record sent to you be unencrypted; however, be aware that an unencrypted CD or email is not secure and can be opened and read by parties other than you. □ Do NOT encrypt.			
Patient Signature	Date Signed		

**Persons who can authorize release of records:** Patients age 18 and over, emancipated minors, parents of unemancipated minors, minors consenting in their own right to certain procedures, lawful personal representatives (must show proof of appointment). For deceased patient, records may be obtained by the estate representative, or spouse if no representative, adult children if no spouse, or parent if no children, or guardian/custodian of a minor child.

Relationship to Patient

Signature of Other Authorized Person