DEACONESS HEALTH SYSTEM
AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Name:	**Birth date:**	**Last 4 digits Social Security Number**
Address:		

I AUTHORIZE RELEASE OF RECORDS

FROM	**TO**
☐ Deaconess Hospital, Evansville, IN (includes Gateway) ☐ Deaconess Cross Pointe Hospital, Evansville, IN ☐ The Heart Hospital, Newburgh, IN ☐ The Women's Hospital, Newburgh IN ☐ Deaconess Clinic, Evansville, IN Specify:_____ ☐ Progressive Health, Evansville, IN ☐ High Pointe Rehab, Newburgh, IN ☐ Other: Specify name and address _____ _____ _____	Name:_____ Facility_____ Address: _____ _____ Telephone: **PURPOSE** ☐ Personal copy ☐ Continuing care ☐ Litigation against facility/doctor ☐ Litigation against a party other than the facility/doctor ☐ Other:Specify:_____

Release the following

Dates of Service:_____ ☐ Inpatient ☐ Outpatient ☐ Physician Office

☐ Complete record	☐ HIV results
☐ History and Physical	☐ Radiology results
☐ Doctor/provider notes	☐ Substance abuse records
☐ Medication record	☐ Mental health record
☐ Labs (other than HIV)	☐ Other: Specify: _____

- This Authorization is valid for 60 days from date of signature below unless specified otherwise here: _____
- This Authorization may be revoked by writing to the Medical Records Custodian of the above selected facility. Records released prior to revocation cannot be recalled.
- 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.
- Records released (other than alcohol/substance abuse records) may be subject to re-release and no longer protected by federal privacy law.

Send these records:

☐ Via mail ☐ Paper ☐ CD/DVD (provided only if record is an electronic record)
☐ Via fax: _____

NOTE: Records sent via electronic media will be encrypted.

_____ _____
Patient Signature Date Signed

_____ _____
Signature of Other Authorized Person Relationship to Patient

Authorizations may be signed by: Patients age 18 and over, emancipated minors, minors consenting in their own right to certain treatments, parents of minor children, lawful personal representatives (must show proof of appointment). For deceased patient, records may be obtained by the estate representative, or spouse if no representative, or children if no spouse. If patient is an unemancipated minor and records are substance/alcohol abuse records protected by Federal Law (42 CFR Part 2), authorization must be signed by patient and parent or legal representative.