The HealthCare Connection Because Everyone Deserves Quality Healthcare

| | <u>Authorizatio</u> | n to Release Protected Health Information |
|---|---------------------|---|
| (|) Lincoln Heights | () GCBHS (Amelia/Madison) |
| (|) Mt. Healthy | () SBHC (Heritage/Viking) |
| (|) Forest Park | |
| | | |

| Last Name First Name Address City | | | M.I. State Zip Code | | Maiden Name (if applicable) | | |
|---|--|--|--|---|---|---|--|
| | | State | | | Telephone Number | | |
| Date of Birth | Socia | al Security Number | | Ema | il Address | | |
| Step 2: OBTAIN RECOR | RDS FROM: | | | SEND RE | CORDS TO: | | _ |
| Name | | | | Name | | | |
| Address | | | | Address | | | |
| City | State Zip C | ode | | City | State | | Zip Code |
| Step 3: Information is to l Continuing medical or d Other (specify) | | | Damage (| or claim evalu | ation | | |
| Step 4: What information i Dates of treatment requested Progress Notes History and physical Other (specify) Step 5: Release of sensitive To the extent that it exists, I Drug or alcohol abuse de HIV testing and treatme Step 7: Permission and sign | information authorize the released reliagnosis and/or treatment | to/_/ | formation | | mmary | | • |
| I authorize the use and request voluntarily and the policies stated in Th This is a onetime release above without my further I understand that once the may not be protected by I understand that I may Manager at the Center of The Healthcare Connection I healthcare Connection I | that the information above Healthcare Connection which will be done where written consent. The information is disclorated federal regulations. The information is disclorated federal regulations. The information is disclorated federal regulations. The information is disclorated for the information in the information in the information is disclorated for the information in the info | ove is accurate to the Privacy Notice. Ithin forty-five (45) osed pursuant to the writing, by delivate revocation becomes accurate to the privacy of the th | e best of) days. M s authori vering wromes effe | my knowledge y medical reconstruction, the reconstitution in the reconstruction in the r | e. This release of ords may not be recipient may re-distorment of the Healthcare hirty (30) busines | infor elease close Con ss day | ed again to those listed it and the information nection Attn. Practices following receipt by |
| | | | | | | | |

Your Identification may be required to protect your privacy

Photocopy: Patient

Original: Facility