

McCall Memorial Hospital
1000 State Street
McCall, Idaho 83638
(208) 634-2221 (208) 634-4638 Fax

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Patient's Legal Name _____ Date of Birth _____

Address: _____ Phone _____

() I request that my Protected Health Information be released from **McCall Memorial Hospital** or
() Other Facility _____

Please send the requested information to **Name:** _____

Mailing Address: _____

Fax Number: _____

INFORMATION TO BE RELEASED: _____

Please be specific, i.e. Lab work, Xrays, emergency room, clinic notes, etc.

Date(s) of Service _____

Purpose of Disclosure: () Personal Records () Insurance Purposes () Attorney/Legal Purposes
() Take to another Doctor/Specialist () Other (Please Specify) _____

I understand that the information disclosed may contain testing or treatment information relating to Mental Health; Drug and/or Alcohol Abuse Treatment; Sexually Transmitted Diseases; HIV/AIDS.

I understand that once the information is disclosed, that information is subject to redisclosure and may no longer be protected by the federal privacy regulations.

I understand that this Authorization will expire in 90 days from the date signed below.

I understand that refusal to sign this authorization will have no effect on my treatment or eligibility of benefits.

I understand that this form may be revoked at any time providing the information has not already be disclosed. I may revoke the authorization by notifying the Health Information Management Department or my Physician's Clinic Staff in writing.

Signature of Patient or Patient's Representative Date Relationship to Patient/*Authority to Sign*

**If a Personal Representative of the Patient signs this authorization, please indicate his or her authority to act (i.e., POA, Guardian, Custodian, etc)*

For Facility Use:

Whomever releases the information must sign/initial and date below indicating information has been disclosed:

Name\Signature of Person giving information Date you gave information

Please indicate **if HIM Department needs to release above requested information** by checking here ()