



Authorization for Release of Information

Please allow 7 to 10 business days for requests to be processed.

Patient's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Social Security #: _____

Release Records FROM:

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Release Records TO:

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Information to Release:

Complete Medical Record (Last 2 Years) Progress Notes Dental Records
Colonoscopy (Last 10 Years) Laboratory Reports Other (Specify Below)
Pap Smear (Last 5 Years) Radiology Reports
Mammogram (Last 2 Years) Medication List
Complete Immunization Record Physical Form(s) Dates of Service: _____ To: _____

Method of Release: _____ Pick-Up _____ Fax _____ Mail _____ Verbal _____ Email: _____

If you would like any of the following sensitive information disclosed, you must check the applicable below and sign:

Alcohol/Drug Abuse Treatment Mental/Behavioral Health
Sexually Transmitted Diseases HIV/AIDS

I understand that the information in my health record may contain information regarding the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, and mental/behavioral health.

Patient Signature/Legal Guardian _____ Date _____

- I understand that once this information is disclosed, the information is subject to re-discourse and may no longer be protected by the Federal Privacy Regulations.
I understand that I have a right to revoke the authorization IN WRITING to KCHC at any time. I understand that the revocation will not apply to information that has already been released by this authorization.
I understand that this authorization will automatically expire 12 months from the date signed or earlier if revoked by me in writing.

Signature of Patient, Parent or Legal Representative _____ Date _____

Print Name _____ Relationship to Patient _____

Witness _____ Date _____

FOR OFFICE USE ONLY Received By: _____ Date: _____ Request Completed By: _____ Date: _____ Revised 12/2022