

AUTHORIZATION FOR RELEASE/REQUEST OF INFORMATION

We can honor a request only if this form is filled out completely.

Patient Name: _____ DOB: _____

Check One: Pick up Mail Fax CD Secure Email

I hereby authorize Dayton Physicians Network to obtain or disclose my protected health information to:

TO: _____ FROM: _____

Specific dates of treatment: _____

The specific information to be disclosed is:

- | | | |
|--|---|---|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Infusion Records | <input type="checkbox"/> Chemotherapy Records |
| <input type="checkbox"/> Admission Notes/Mental Status | <input type="checkbox"/> Outpatient Summaries | <input type="checkbox"/> Hospital Reports |
| <input type="checkbox"/> Operative Notes | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Radiation Records |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Treatment Summary |
| <input type="checkbox"/> Other (specify) _____ | | |

AUTHORIZATION FOR RELEASE OF INFORMATION

I acknowledge that I have signed this Authorization voluntarily. I also understand that I have the right to revoke this Authorization in writing at any time except to the extent that action has been taken in reliance on it.

This Authorization expires on _____

(Insert date, time period or event.)

(Or if unspecified, 180 days from the date of signature.)

Signature of Patient or Patient's Representative

Date

If patient representative, describe representative's authority or relationship to patient:

I understand that my alcohol and drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that my Alcohol and Drug Abuse Records cannot be re-disclosed without my express authorization.