Carris Health

Authorization for Release of Health Information

Please see Directions for additional information on completing.
Please Print

Patient Information	Name: Date of Birth: Address: Phone Number: City: State: Zip Code: Previous Name:
Release Information From	Specific Carris Health Clinic / Hospital or Provider: Address: Phone Number: City: State: Zip Code:
Release Information To	Name of Person, Business, Specific Clinic / Hospital or Provider: Address: Phone Number: Fax Number: City: State: Zip Code:
Information to Be Released **Only the information check marked will be released**	**Date(s) of service: From: _____ To :_____** **Note: If dates are not specified, only the most recent visit/encounter will be released.** ___ History and Physical ___ Pathology Reports ___ Radiology Reports ___ Discharge Summary ___ Consult Reports ___ *Radiology Films ___ Emergency Room Notes ___ Laboratory Reports ___ All Records (*not included) ___ Progress Notes ___ Operative/Procedure Notes ___ Assessment/Evaluation ___ Other (please specify) _____
Special Disclosure	___Substance Use Disorder Dates of Service: From: _____To:_____ Concerning: _____ (Specific diagnosis or treatment – do not list ICD-10 codes) *Per Federal Rule 42 CFR Part 2, this section must be completed to release Substance Use Disorder records.*
Preferred Method	___ MyChart (If you do not have MyChart access, please visit www.carrishealth.com) ___CD ___ Paper ___ Other _____
Reason for Release	___Continuation or Transfer of Care (to another provider) ___Personal Use ___Attorney ___Insurance ___Other (specify) _____
Authorization	Patient/Guardian Signature Date / / Relationship to Patient Reason Patient is Unable to Sign
Revocation	This authorization will expire one year from the date of signature unless I indicate a different date or event here:_____ This authorization may be revoked at any time except to the extent that action has been taken in reliance upon it or upon final disposition of the conditional release for which authorization was given. I may revoke this authorization at any time by notifying, in writing, the provider/facility listed in the FROM section. I understand that such revocation may be harmful to proceedings requiring these records. I do not authorize re-release of this information to anyone. A photocopy of this authorization will be treated in the same manner as the original.

Carris Health will not refuse treatment to any patient that refuses to sign an authorization for release of Protected Health Information. Once released, the information will no longer be covered under the Federal Privacy Laws. Information not originated by Carris Health cannot be released to another facility. I understand that my medical record is part of the Carris Health (CH) Electronic Medical Record. Carris Health shares an electronic medical record with non-CH organizations. Authorizing the release of the following items: Medication List, Allergy List, Problem List, Immunization Data and/or Medical History includes the release of this information from all sites that share an electronic medical record. A list of these non-CH organizations will be provided to the patient upon request.

Directions for Completion of Carris Health Authorization for Release of Health Information

Patient Information: Complete the entire section which identifies clearly the demographic information specific to the patient (individual who information is being requested for).

Release Information From: Identify which Carris Health hospital, clinic, or provider you are seeking information from. Please be specific in your request. Please see www.carrishealth.com for a listing of all Carris Health hospital and clinic locations.

Release Information To: Identify the full name of individual, business, hospital, clinic, or provider you want to receive your records. Be sure to include their address and phone number.

Information to Be Released: This section gives us the instructions for what information you want released. It is very helpful to identify the date or range of dates needed. If you do not have dates noted, only your last hospital encounter or clinic visit at the specific Carris Health location you indicated will be released. Only the specific information checked will be released.

Special Disclosure: This section is required per Federal Rule 42 CFR Part 2 to be completed in full to allow Carris Health to release Substance Use Disorder records. Even if you have indicated dates in the Information to be Released section, the dates of Substance Use Disorder records to be released is required in this section.

Preferred Method: This tells us how you would like your information provided. We can print the records, burn them to a CD, or release them to your MyChart portal. Note: If your original records are on paper, we are only able to provide them on paper.

Reason for Release: Please identify the reason you need a copy of your record. This helps us track and assign a priority status to your request. It also informs us determine who may be responsible for the cost of records (where applicable).

Revocation: This authorization will automatically expire 1 year after your signature unless you indicate another date or event upon which the authorization should expire OR you provide a written revocation to our organization.

Please send your completed authorization to: **Attn: Release of Information; Health Information Management Department** at the appropriate site listed below or drop off at any Carris Health location to be routed to appropriate site.

Carris Health - Clinics
Willmar Main Clinic *(formerly ACMC)*
101 Willmar Ave. SW
Willmar, MN 56201
Phone: 320-231-5011
Fax: 320-231-6323
e-mail: carriswiroi@carrishealth.com

Carris Health - Rice Memorial Hospital
301 Becker Ave. SW
Willmar, MN 56201
Phone: 320-231-4680
Fax: 320-231-4833
e-mail: rmhroi@carrishealth.com

Carris Health - Redwood Hospital
1100 E Broadway
Redwood Falls, MN 56283
Phone: 507-637-4591
Fax: 507-697-6006
e-mail:
rwfroi@carrishealth.com

Carris Health – Willmar Surgery Center
1310 S 1st St
Willmar, MN 56201
Phone: 320-262-7867
Fax: 320-235-7069

See all Carris Health locations at www.carrishealth.com