

HOW TO COMPLETE AN AUTHORIZATION TO RELEASE PATIENT INFORMATION

The items below are a description of each element on the authorization. Please read carefully and complete the authorization accordingly.

Please fill out the gray area at the top of the page to include: Patient Name, Date of Birth, Social Security Number, Address, Phone Number and Fax Number.

INFORMATION TO BE DISCLOSED BY:

Please indicate to whom you would like the information to be disclosed by: Valley View Hospital or other Name/Facility indicated.

INFORMATION MAY BE DISCLOSED TO:

Please indicate to whom you would like the information to be disclosed and the complete mailing address with phone number.

INFORMATION TO BE DISCLOSED:

*Please indicate the period of healthcare services and check the specific information that you would like disclosed. In 3.1(A), initial and **check** whether you consent to the release of the sensitive health records identified. Please Note: If this section is not completed, then records of this type, if they exist, will not be release.*

FOR THE PURPOSE OF:

Please check the appropriate box to indicate why the information is needed or check the "other" box and write in the reason on the blank provided.

EXPIRATION AND REVOCATION:

Please fill in the time period or event for which you would like this authorization to be valid. Please note that after this time period or specified event, the authorization will no longer be valid and no additional information will be sent.

Please sign and date the authorization. If you are not the patient, please indicate your authority to sign on the "Relationship to Patient" line, e.g., Parent, Durable Power of Attorney, etc.

Copy service: Please understand that it may take up to 30 days to receive a copy of your medical record. Copies of medical records will be provided to you at a reasonable fee in accordance with State Law. If you have any questions about this service or the authorization form, please feel free to contact the Health Information Management Department (970) 384-6800. Thank you.

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