



Authorization for Release of Health Information

Please Print

Patient Information	Name _____ Date of Birth _____
	Address _____ Phone Number _____
	City _____ State _____ Zip Code _____
	Previous Name _____
Release Information From	Specific CentraCare Clinic / Hospital or Provider _____
	Address _____ Phone Number _____
	City _____ State _____ Zip Code _____
Release Information To	Name of Person, Business, Specific Clinic / Hospital or Provider Clara's House – St. Cloud Hospital
	Address _____ Phone Number _____ 1564 County Rd 134 Phone: (320) 229-4950 Fax: (320) 229-4999
	City _____ State _____ Zip Code _____ St. Cloud MN 56303
Information to Be Released Only the information selected will be released	Date(s) of service: From: _____ To: _____ Note: If dates are not specified, only the most recent visit/encounter will be released.
	<input type="checkbox"/> History and Physical <input type="checkbox"/> Pathology Reports <input type="checkbox"/> *Radiology Films <input checked="" type="checkbox"/> Discharge Summary <input type="checkbox"/> Consult Reports <input type="checkbox"/> All Records listed (*not included) <input type="checkbox"/> Emergency Room Notes <input type="checkbox"/> Laboratory Reports <input checked="" type="checkbox"/> Other (please specify) <input checked="" type="checkbox"/> Progress Notes last 3-4 <input type="checkbox"/> Operative/Procedure Notes <u>Verbal Communication</u> <input checked="" type="checkbox"/> Assessments/Evaluations <input type="checkbox"/> Radiology Reports
Special Disclosure	<input type="checkbox"/> Substance Use Disorder Dates of Service: From: _____ To: _____ Concerning: _____ (Specific diagnosis or treatment – do not list ICD-10 codes) <i>Per Federal Rule 42 CFR Part 2, this section must be completed to release Substance Use Disorder records.</i>
Preferred Method	<input type="checkbox"/> MyChart (If you do not have MyChart access, please visit www.centracare.com) <input type="checkbox"/> CD <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other _____
Reason for Release	<input checked="" type="checkbox"/> Continuation or Transfer of Care (to another provider) <input type="checkbox"/> Personal Use <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance <input type="checkbox"/> Other (specify) _____
Authorization	Patient/Guardian Signature _____ Date _____ <input checked="" type="checkbox"/> _____ / /
	Relationship to Patient _____ Reason Patient is Unable to Sign _____ <input checked="" type="checkbox"/> _____
Revocation	This authorization will expire one year from the date I sign 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.

CentraCare will not refuse treatment to any patient that refuses to sign an authorization for release of Protected Health Information. CentraCare cannot prevent redisclosure of your information by the person/organization who receives your records under this authorization, and your information may not be covered by state and federal privacy protections after it is released. If CentraCare has received records from other organizations, used them, and filed them in the record maintained about you, those records may also be included in any release of information. I understand that my records are part of the CentraCare Electronic Medical Record. CentraCare shares an electronic medical record with non-CentraCare 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-CentraCare organizations will be provided to the patient upon request.