



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient's Full Name _____

Other names used _____

Birthdate _____ Telephone number _____

I, _____, authorize _____

to disclose confidential health information to Clara Barton Medical Center fax : 620-653-2671 for the following purpose:

_____.

The information to be disclosed is:

- Anesthesia Record
- Operative Reports/Records
- Billing Records
- Pharmacy Records
- Consultation Reports/Records
- Diagnostic Test Reports
- Physical/Speech/Occupational Therapy Records
- Emergency Department Records
- Physician Notes/Records/Orders
- History/Physical/Discharge Records
- Psychotherapy Notes (need separate authorization)
- Laboratory Records
- Respiratory Therapy Records
- Nursing Notes/Records
- Social Work Reports/Records

for treatment dates of _____.

I understand that my health information may contain information relating to: HIV, contagious diseases, psychiatric treatment, mental health treatment, substance abuse treatment, or other conditions which may be specifically protected by law and I authorize disclosure of that information. I understand that once my health information has been disclosed, it will no longer be subject to federal privacy regulations and may be re-disclosed by the person receiving it.

I understand that I may refuse to sign this Authorization and that my treatment or payment for my treatment will not be affected if I do not sign this form unless my treatment includes research or the reason for my treatment is to disclose information to another person.

I understand that I may see and copy the information described on this form as provided by federal regulations, and that I will get a copy of this form after I sign it.

I understand that I can revoke this authorization in writing but that any revocation is not effective for disclosures that have already been made. To revoke this authorization, I should contact the Health Information Management Department at Clara Barton Medical Center at (620) 653-5092

Signature of Patient or Patient's Personal Representative

Date

Personal Representative's Relationship to Patient

11/26/2024