



Shawnee Health Care

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Locations:

- Shawnee Health Care, Psychiatry in Carbondale

Shawnee Health Service
c/o Health Information
109 California Street
PO Box 577
Carterville, IL 62918
Fax: 618-985-9363

REQUIRED INFORMATION

Print patient's legal name

Birthdate Previous names Phone number

TO/FOR: Send Information to Obtain Information from Other:

Name/Organization:

Address:

Phone Number: Fax Number (Healthcare Provider Only):

Reason for Release:

- Continuation of Care Transfer of Care Personal Record Legal Use Other

Date(s) of Service: (if blank minimum medical records necessary will be disclosed)

Records that I authorize the use or disclosure of: All pertinent records or check all that may apply below

- Visit/Progress Notes Radiological Reports Problem List Treatment Plan Medical Information Discharge Summary
Mental Health Assessment Medication List Lab Reports Psychological Evaluation Psychiatric Evaluation
Alcohol/Substance Abuse Social History

OTHER:

I recognize that the following information is protected from release by federal or state law without specific authorization. I specifically consent to the use or disclosure as indicated below: (please initial next to each type of records)

- AIDS Counseling Notes Substance/Alcohol Abuse Notes
HIV/STD's testing/results Psychotherapy Records Genetic Records Mental Health Records

Disclosure Format/Delivery (Default- Paper/Mail) : Paper Electronic : (CD) US Mail Fax

I understand the following

- Request for copies of medical records are subject to reproduction fees in accordance with federal/state regulations.
I understand this authorization is voluntary. Shawnee Health Service will not condition treatment, payment or enrollment in a health plan or eligibility for benefits on whether I authorize this release.
I understand that this authorization will expire on (enter date)
I understand that I have the right to revoke this authorization at any time by notifying Shawnee Health Service in writing. This will not apply to records that have already been released. Send notice to: Privacy Officer, Shawnee Health Service, 109 California Street, Carterville, IL 62918-1923
Once the records are released, the clinic releasing records cannot prevent them from being released to a third party. At that point, the records may no longer be protected by state and federal privacy laws.
I understand I have the right to inspect or copy the protected health information to be used or disclosed as permitted under federal or state law. I also have the right to refuse to sign this authorization.
Refusal to sign this release may result in delays in obtaining treatment or coordination of care.

Date (Signature of Client or Personal Representative) Date (Signature of Parent, Guardian, or witness if required)

Reason patient is unable to sign: Minor Deceased Other:

Notice to Whomever Disclosure is made: This information has been disclosed to you from records whose protected health information is protected by State and Federal Law including 42 CFR Part 2. These laws prohibit you from making any further disclosure of this information without specific written consent of the person to whom it pertains.

For Office use only: Received Completed by/Date Logged