INSTRUCTIONS FOR COMPLETING AUTHORIZATION FORMS
ALL PATIENTS/PATIENT REPRESENTATIVES MUST COMPLETE AN AUTHORIZATION FORM.
Records will not be disclosed without an authorization form signed by the patient/patient representative.

♀ PATIENT INFORMATION
Identifies the patient to ensure the correct patient’s records are being disclosed.
➢ Include the patient’s name and DOB or the patient’s name and SSN.
➢ Also must include the patient’s mailing address.

♀ COPIES SENT FROM/TO
Identifies from where the records are being released and to whom the records are to be sent.
➢ From: The Christ Hospital Health Network
➢ To: write the name and address of where the records are to be sent.

♀ PROTECTED HEALTH INFORMATION TO BE USED OR DISCLOSED
Identifies the records you are requesting copies of.
➢ Check the box that describes your hospital encounter. On the line provided, write the date(s) of treatment.
➢ If you are unsure of the date(s) – an estimated date range can be provided or you can leave the space blank. We can contact the patient to confirm the dates if needed. 2nd side of the authorization form…
➢ Check the box that describes the type of documents you are requesting from the record.

♀ REASON NEEDED
➢ Indicates the purpose of the request.

Please read the statements. The boxes do not need to be checked.

♀ EXPIRATION
➢ Our authorization forms expire 60 days from the date of the signature, unless otherwise noted. A preferred expiration date can be inserted on the line provided.

The final statement on the authorization form explains to the patients/personal representative, the release of their protected health information could include treatment, diagnosis or testing of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS) and/or test for antibodies to the AIDS virus (HIV). The box does not need to be checked...

♀ SIGNATURE AND DATE OF PATIENT/LEGAL REPRESENTATIVE
➢ ALL FORMS MUST BE SIGNED AND DATED BY THE PATIENT/PATIENT REPRESENTATIVE!