CROUSE HEALTH

ROI

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Name: _____ Date of birth: _____

Maiden/ALIAS: _____ Last Four SS# (optional) XXX-XX-_____

I hereby authorize and request Crouse Hospital to provide access to medical information on the above named patient to:

_____

Previous Address: Current Address:

_____ _____

_____ _____

Phone#: _____

The purpose of this authorization is for: _____

The information to be released, which may be inclusive to history, diagnoses and treatment information, including psychiatric care and any treatment for alcohol and drug abuse, is as follows: _____

☐ Medical Records ☐ Imaging (**Only Available on CD**) ☐ Itemized Billing

☐ UB04

Any exception to the information to be released is as follows: _____

The request for information is limited to admission or hospital services commencing _____ and ending _____.

I understand that I may refuse to sign this authorization. My treatment will not be conditioned on signing this authorization. I may revoke this authorization at any time by writing to the Privacy Officer at Crouse Hospital, Health Information Management, and 736 Irving Ave, Syracuse, NY 13210. Such revocation will not affect any use or disclosure already taken in reliance upon this authorization. ***This authorization will automatically expire 365 days after the date of signature.***

I understand that once health information is disclosed pursuant to this authorization, it may be re-disclosed and may no longer be protected by privacy laws. Crouse Hospital is released from all legal responsibilities which may arise from the release of requested information.

Please select one of the following. I would like my medical records in:

- ❑ **Paper Format:** Please be advised that a fee of $0.75 per page may be charged for all paper medical records copied/printed.
- ❑ **Electronic Format (CD):** Medical records can be provided (PDF Format) for a flat rate of $6.50.
- ❑ **Secure Email:** (Subject to a $6.50 flat fee) _____
- ❑ **Fax number:** _____

Please note: <u>All scanned records to any external email address (e.g. gmail, yahoo, etc.) must be encrypted for security purposes. If the email address you provide is an external address, the information you receive will be encrypted. To open the email, you must follow the directions in the registration process.</u> Records requested that are older than 10 years are subject to retention and destruction policy and procedure.)

_____ _____ _____

Date Time Signature

_____ _____ _____

Date Time Signature of Authorized Rep

_____

Print Authorized Rep's name

_____

Basis for legal authority if signed by Authorized Rep