



MERCY HEALTH CENTER

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient name: _____ Date of birth: _____

Social Security #: _____ Telephone #: _____

I am the _____ Patient, _____ Guardian, _____ Parent of Minor Child, _____ Personal Representative and hereby authorize Mercy Health Center personnel to disclose medical information on the above named patient to:

Release To: (Name/Facility): **RECORDS DEPOSITION SERVICE, INC.** Telephone #: **P: 248-357-3330 F: 248-357-3337**

Address: **PO BOX 5054**

City: **SOUTHFIELD** State: **MI** Zip Code: **48086-5054**

Purpose of disclosure: **FOR DISCOVERY BEFORE TRIAL**

Date(s) of admission/treatment: **Please see enclosed Subpoena or Letter Request for information to be disclosed.**

Information requested: (Copies will be provided at 1.00 for the first page and .50 cents for each additional page. Radiology film copies will be provided at \$5.00 per sheet.)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Face Sheet | <input type="checkbox"/> Emergency Room report | <input type="checkbox"/> EEG Report(s) | <input type="checkbox"/> History and Physical |
| <input type="checkbox"/> Operation Report(s) | <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Consultation Report(s) | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Physician's Orders | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> EKG Report(s) | <input type="checkbox"/> Radiology films |
| <input type="checkbox"/> Laboratory Reports(s) | <input type="checkbox"/> Radiology Report(s) | <input type="checkbox"/> Pathology slides | <input type="checkbox"/> UB/1500 |
| <input type="checkbox"/> Complete medical record | <input checked="" type="checkbox"/> Other SEE ABOVE | | <input type="checkbox"/> Itemized Bill |

I understand that this authorization will automatically expire 6 (six) months from the date of my signature. I also understand that this authorization can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this authorization. To cancel this authorization, send a written request to Health Information Management Department, 4300 W Memorial Road, Oklahoma City, OK 73120.

Information in your medical record that you have or may have a communicable or noncommunicable disease is made confidential by law and cannot be released without your permission except in limited circumstances, including release to persons who have had risk exposures, release pursuant to an order of the court or the Department of Health, release among health care providers involved in your care or release for statistical or epidemiological purposes. When such information is released, it cannot contain information from which you could be identified unless the identifying information is released to you, by an order of the court or the Department of Health or by law.

I UNDERSTAND THAT THE INFORMATION AUTHORIZED FOR RELEASE MAY CONTAIN INFORMATION WHICH MAY BE CONSIDERED A COMMUNICABLE OR NON COMMUNICABLE DISEASE.

Information release may include alcohol and drug abuse records protected under the Code of Federal Regulations and psychiatric records. Redisclosure of alcohol and drug abuse records by the recipient is prohibited without specific authorization.

Mercy Health Center may NOT require that you sign this authorization to receive treatment except for certain research-related treatment.

If checked, the Hospital will receive compensation for its use/disclosure of the information that is the information that is the subject of this authorization.

Date

Signature of Patient/Personal Representative

If Personal Representative, describe your authority to sign for the patient:

Signature of Witness

Relationship to Patient

Your health information that you have authorized to disclose may be subject to redisclosure by the recipient and no longer subject to protection under the federal privacy regulations.

Completed authorizations to disclose medical information should be returned to: Mercy Health Center - Health Information Management Department, 4300 W Memorial Road, Oklahoma City, OK 73120.

HIM USE ONLY: