

**KANE COUNTY HOSPITAL
AUTHORIZATION TO RELEASE PATIENT HEALTH RECORDS**

I, _____, hereby authorize the Health Information Management
(Print Patients Full Name)

Department of Kane County Hospital to release the following information contained in my Medical Record for the following type(s) and date(s) of service.

<u>Type(s) of Service</u>	<u>Date(s) of Service</u>
<input type="checkbox"/> Laboratory report(s)	for _____ OR from _____ to _____
<input type="checkbox"/> X-ray/Cat Scan report(s)	for _____ OR from _____ to _____
<input type="checkbox"/> Emergency Room visit(s)	for _____ OR from _____ to _____
<input type="checkbox"/> Hospital In/Outpatient visit(s)	for _____ OR from _____ to _____
<input type="checkbox"/> All Medical Records	from _____ to _____
<input type="checkbox"/> Other: _____	from _____ to _____

PLEASE NOTE: X-ray / Lab results may require a minimum of TEN working days for completion

1. The above information is released for the following purpose and that purpose only. Any other use is forbidden:(ie: self, PCP, continuity of care, etc.) _____
2. Person or Agency Receiving Information: _____
3. Date records needed by: _____

Choose one of the following:

- Date Record(s) will be picked up: _____ (OR COPIES WILL BE DESTROYED AND CHARGES ASSESSED)
- Number record(s) to be faxed to: _____
- Address record(s) to be mailed to: _____
- _____
- _____

TO HELP OFFSET THE EXPENSE OF THE COST OF COPYING MEDICAL RECORDS THE FOLLOWING FEES WILL BE CHARGED.

PER PAGE (FIRST TEN)	Free
PER PAGE (ALL OTHER)	\$.20

I have read and understand I will be charged per the above fees. _____ initials

THIS CONSENT WILL EXPIRE THIRTY DAYS AFTER TODAY'S DATE OR SOONER AT MY ELECTION

Patient/Patient Representative Signature

Date

Date of Birth (Patient)

Relationship (if other than patient)

PROHIBITION ON RE-DISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (42 CFR PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION EXCEPT WITH THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IF HELD BY ANOTHER PARTY IS NOT SUFFICIENT FOR THIS PURPOSE. FEDERAL REGULATIONS STATE THAT ANY PERSON WHO VIOLATES ANY PROVISION OF THIS LAW SHALL BE FINED NOT MORE THAN \$ 500. IN THE CASE OF A FIRST OFFENSE, AND NOT MORE THAN \$ 5000 IN THE CASE OF EACH SUBSEQUENT OFFENSE.

FOR OFFICE USE ONLY: DATE COMPLETED: _____

MR#: _____

COMPLETED BY: _____

ACCEPTED BY: _____