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.

Type(s) of Service	**Date(s) of Service**		
❑ Laboratory report(s)	for ____________	**OR** from ____________	to ____________
❑ X-ray/Cat Scan report(s)	for ____________	**OR** from ____________	to ____________
❑ Emergency Room visit(s)	for ____________	**OR** from ____________	to ____________
❑ Hospital In/Outpatient visit(s)	for ____________	**OR** from ____________	to ____________
❑ All Medical Records	from ____________		to ____________
❑ 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: ____________