

<p>Revocation</p>	<p>This authorization will remain in effect maximum of six months from the date of signature and may be cancelled by me in writing at any time. I understand that such cancellation may be harmful to proceedings requiring these records. I do not authorize re-release of this information to anyone. A photocopy of this authorization will be treated in the same manner as the original.</p>
<p>Reason for Disclosure</p>	<p><input type="checkbox"/> Continuing Care <input type="checkbox"/> Personal Use <input type="checkbox"/> Attorney (Fee) <input type="checkbox"/> Insurance (Fee) <input type="checkbox"/> Other (Specify)</p>
<p>Authorization</p>	<p>I authorize the above provider to release the information marked above to the requester. A photocopy shall be as valid as the original.</p> <hr/> <p>Patient/Guardian Signature Date</p> <hr/> <p>Relationship to Patient Reason Patient is Unable to Sign</p>

SCH will not refuse treatment to any patient that refuses to sign an authorization for release of Protected Health Information. The information once released will no longer be covered under the Federal Privacy Laws. Information not originated by SCH cannot be released to another facility.

CentraCare Health System shares an electronic medical record with Broadway Medical Center in Alexandria, Allergy, Asthma, and Pulmonary Associates, Integracare, New River Medical Center, Lakeview Medical Center, and TriCounty Hospital. Authorizing the release of the following items: Medication List, Allergy List, Problem List, Immunization Data and/or Medical History may include the release of this information from all sites that share an electronic medical record.