

CentraCare Health

Authorization for Release of Health Information

Please see Directions for additional information on completing.

Please Print

Patient Information	Name	Date of Birth	
	Address	Phone Number	
	City	State	Zip Code
	Previous Name		
Release Information From	Specific CentraCare Clinic / Hospital or Provider		
	Address	Phone Number	
	City	State	Zip Code
Release Information To	Name of Person, Business, Specific Clinic / Hospital or Provider		
	Address	Phone Number	
	City	State	Zip Code
Information to Be Released Only the information check marked will be released	Date(s) of service: From: _____ To : _____		
	Note: If dates are not specified, only the most recent visit/encounter will be released. <input type="checkbox"/> History and Physical <input type="checkbox"/> Pathology Reports <input type="checkbox"/> Radiology Reports <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Consult Reports <input type="checkbox"/> *Radiology Films <input type="checkbox"/> Emergency Room Notes <input type="checkbox"/> Laboratory Reports <input type="checkbox"/> All Records (*not included) <input type="checkbox"/> Progress Notes <input type="checkbox"/> Operative/Procedure Notes <input type="checkbox"/> Assessment/Evaluation <input type="checkbox"/> Other (please specify) _____		
Special Disclosure	<input type="checkbox"/> Substance Use Disorder Dates of Service: From: _____ To: _____ Concerning: _____ (Specific diagnosis or treatment – do not list ICD-10 codes) <i>Per Federal Rule 42 CFR Part 2, this section must be completed to release Substance Use Disorder records.</i>		
Preferred Method	<input type="checkbox"/> MyChart (If you do not have MyChart access, please visit www.centracare.com) <input type="checkbox"/> CD <input type="checkbox"/> Paper		
Reason for Release	<input type="checkbox"/> Continuation or Transfer of Care (to another provider) <input type="checkbox"/> Personal Use <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance <input type="checkbox"/> Other (specify) _____		
Authorization	Patient/Guardian Signature	Date	
	Relationship to Patient	Reason Patient is Unable to Sign	
Revocation	This authorization will expire one year from the date of signature unless I indicate a different date or event here: _____ This authorization may be revoked at any time except to the extent that action has been taken in reliance upon it or upon final disposition of the conditional release for which authorization was given. I may revoke this authorization at any time by notifying, in writing, the provider/facility listed in the FROM section. I understand that such revocation 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.		

CentraCare Health will not refuse treatment to any patient that refuses to sign an authorization for release of Protected Health Information. Once released, the information will no longer be covered under the Federal Privacy Laws. Information not originated by CentraCare Health cannot be released to another facility. I understand that my medical record is part of the CentraCare Health (CCH) Electronic Medical Record. CentraCare Health shares an electronic medical record with non-CCH organizations. Authorizing the release of the following items: Medication List, Allergy List, Problem List, Immunization Data and/or Medical History includes the release of this information from all sites that share an electronic medical record. A list of these non-CCH organizations will be provided to the patient upon request.

Revised 1/18 JEM

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Directions for Completion of CentraCare Health Authorization for Release of Health Information

Patient Information: Complete the entire section which identifies clearly the demographic information specific to the patient (individual who information is being requested for).

Release Information From: Identify which CentraCare Health hospital, clinic, or provider you are seeking information from. Please be specific in your request. Please see www.centracare.com for a listing of all CentraCare hospital and clinic locations.

Release Information To: Identify the full name of individual, business, hospital, clinic, or provider you want to receive your records. Be sure to include their address and phone number.

Information to Be Released: This section gives us the instructions for what information you want released. It is very helpful to identify the date or range of dates needed. If you do not have dates noted, only your last hospital encounter or clinic visit at the specific CentraCare Health location you indicated will be released. Only the specific information checked will be released.

Special Disclosure: This section is required per Federal Rule 42 CFR Part 2 to be completed in full to allow CentraCare Health to release Substance Use Disorder records. Even if you have indicated dates in the Information to be Released section, the dates of Substance Use Disorder records to be released is required in this section.

Preferred Method: This tells us how you would like your information provided. We can print the records, burn them to a CD, or release them to your MyChart portal. Note: If your original records are on paper, we are only able to provide them on paper.

Reason for Release: Please identify the reason you need a copy of your record. This helps us track and assign a priority status to your request. It also informs us determine who may be responsible for the cost of records (where applicable).

Revocation: This authorization will automatically expire 1 year after your signature unless you indicate another date or event upon which the authorization should expire OR you provide a written revocation to our organization.

Please send your completed authorization to: **Attn: Release of Information; Health Information Management Department** at the appropriate site listed below or drop off at any CentraCare Health location to be routed to appropriate site.

CentraCare Health Clinics

River Campus
1200 6th Ave North
St. Cloud, MN 56303
Phone # 320.240.7872
Fax # 320.255.5691

St. Cloud Hospital & Substance Use Disorder Programs

St. Cloud Hospital
1406 6th Ave N
St. Cloud, MN 56303
Phone # 320.255.5624
Fax # 320.255.5739

CentraCare Health Plaza & St. Cloud Medical Group

CentraCare Health Plaza
1900 CentraCare Circle
St. Cloud, MN 56303
Phone # 320.229.4937
Fax # 320.229.5151

CentraCare Health – Paynesville & Sauk Centre (clinics and hospitals)

CentraCare Health – Sauk Centre
425 Elm Street North
Sauk Centre, MN 56378
Phone # 320.352.2221
Fax # 320.351.1740

CentraCare Health - Long Prairie & Melrose (clinics and hospitals)

CentraCare Health – Long Prairie
50 CentraCare Drive
Long Prairie, MN 56347
Phone # 320.732.7258
Fax # 320.732.7322

See all CentraCare Health locations at
www.centracare.com