



Authorization for Release of Health Information

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 selected will be released	Date(s) of service: From: _____ To : _____		
	Note: If dates are not specified, only the most recent visit/encounter will be released.		
Special Disclosure	<input type="checkbox"/> History and Physical <input type="checkbox"/> Pathology Reports <input type="checkbox"/> *Radiology Films <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Consult Reports <input type="checkbox"/> All Records listed (*not included) <input type="checkbox"/> Emergency Room Notes <input type="checkbox"/> Laboratory Reports <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Progress Notes <input type="checkbox"/> Operative/Procedure Notes <input type="checkbox"/> Assessment/Evaluation <input type="checkbox"/> Radiology Reports		
	<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 <input type="checkbox"/> Other _____		
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 I sign 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 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 will not refuse treatment to any patient that refuses to sign an authorization for release of Protected Health Information. CentraCare cannot prevent redisclosure of your information by the person/organization who receives your records under this authorization, and your information may not be covered by state and federal privacy protections after it is released. If CentraCare has received records from other organizations, used them, and filed them in the record maintained about you, those records may also be included in any release of information. I understand that my records are part of the CentraCare Electronic Medical Record. CentraCare shares an electronic medical record with non-CentraCare 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-CentraCare organizations will be provided to the patient upon request.





Please send completed forms to CentraCareRecordRelease@CentraCare.com OR

If you are requesting records from...	Please send your completed form to...
St. Cloud Hospital Services Recovery Plus Programs Clara's House Wound Center	CentraCare St. Cloud Hospital Attn: Health Information Management Department 1406 6 th Ave N St. Cloud, MN 56303 Ph: 320-255-5624 Fax: 320-255-5739
Albany Clinic Benton County Jail Medicine Coordinated Care Clinic Heart & Vascular Center Northway Clinic River Campus Clinics St. Joseph Clinic Stearns County Jail Medicine Becker Clinic Big Lake Clinic Eye Clinic Midsota Plastic Surgery Quick Clinics St. John's Clinic Sleep Center Urology Clinic	CentraCare River Campus Attn: Health Information Management Department 1200 6 th Ave N St. Cloud, MN 56303 Ph: 320-240-7872 Fax: 320-255-5691
CentraCare Plaza Clinics St. Cloud Medical Group Southway Rehabilitation Sartell Behavioral Health Midwest Occupational Medicine Child Advocacy Center	CentraCare Plaza Attn: Health Information Management Department 1900 CentraCare Circle St. Cloud, MN 56303 Ph: 320-229-4937 Fax: 320-229-5151
Sauk Centre Clinics and Hospital Paynesville Clinics and Hospital Belgrade Clinic Eden Valley Clinic Richmond Clinic	CentraCare Sauk Centre Attn: Health Information Management Department 425 Elm Street N Sauk Centre, MN 56378 Ph: 320-352-2221 Fax: 320-351-1740
Long Prairie Clinics and Hospital Eagle Valley Clinic Melrose Clinics and Hospital	CentraCare Long Prairie Attn: Health Information Management Department 50 CentraCare Drive Long Prairie, MN 56347 Ph: 320-732-7258 Fax: 320-732-7322
Family Health Clinic	CentraCare Family Health Clinic Attn: Health Information Management Department 1555 Northway Drive, Suite 200 Saint Cloud, MN 56303 Ph: 320-240-3157 Fax: 320-240-3164