CentraCare®

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 ***Specify Clinic, Hospital, or Provider**	**Specific** CentraCare Clinic / Hospital or Provider (Specific facilities are listed in *italics* on page 2 of this form)		
	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.

___ History and Physical	___ Pathology Reports	___ *Radiology Films
___ Discharge Summary	___ Consult Reports	___ All Records listed (*not included)
___ Emergency Room Notes	___ Laboratory Reports	___ Other (please specify)
___ Progress Notes	___ Operative/Procedure Notes	_____
___ Assessment/Evaluation	___ Radiology Reports	

Special Disclosure

___Substance Use Disorder Dates of Service: From: _____To:_____

Concerning: _____

(Specific diagnosis or treatment – do not list ICD-10 codes)

Per Federal Rule 42 CFR Part 2, this section must be completed to release Substance Use Disorder records.

Preferred Method

___ MyChart ___Fax to: _____

___CD ___ Paper __Email to: _____

Reason for Release

___Continuation or Transfer of Care (to another provider) ___Personal Use ___Attorney ___Insurance

___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 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 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.

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 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 submit completed forms to the HIM dept based on the info and locations on page 2.

Please include the specific Hospital/clinic/provider on your request and submit completed forms by mail, fax, or email to the HIM department based on the info and locations below.

Central locations

FAX: (320) 255-5739	**FAX:** (320) 229-5151	**FAX:** (320) 255-5691	
St. Cloud Hospital (SCH) *Services* *SCH Addiction Services* *Clara's House* *Wound Center*	*Plaza Clinics* *Behavioral Health Clinics* *Midwest Occupational Medicine* *Child Advocacy Center* ***Former SCMG sites:*** *Southway Clinic* *Sartell Clinic* *Clearwater Clinic* *Cold Spring Clinic*	*River Campus Clinics* *Albany Clinic* *Baxter Clinic* *Becker Clinic* *Big Lake Clinic* *Coordinated Care Clinic* *Eye Clinic* *Urology Clinic* *Heart & Vascular*	*Jail Medicine* *Midsota Plastic Surgery* *Quick Clinics* *St. John's Clinic* *St. Joseph Clinic* *Sleep Center* *Northway Clinic (Suite 100)* *Family Health Clinic (Suite 200)*
Mail: CentraCare Attn: Health Information Management 1900 CentraCare Circle St. Cloud, MN 56303		**EMAIL:** CentraCareRecordRelease@CentraCare.com PHONE: (320) 229-4937	

Northwest locations

FAX: (320) 351-1740	
Sauk Centre Clinics and Hospital *Paynesville Clinics and Hospital* *Belgrade Clinic* *Eden Valley Clinic*	*Richmond Clinic* *Long Prairie Clinics and Hospital* *Eagle Valley Clinic* *Melrose Clinics and Hospital*
Mail: CentraCare Attn: Health Information Management 425 Elm Street N Sauk Centre, MN 56378	**EMAIL:** CentraCareRecordRelease@CentraCare.com PHONE: (320) 351-1826

Willmar/Redwood locations

Willmar Main Clinic Attn: HIM Dept 101 Willmar Ave SW Willmar, MN 56201 **FAX:** (320) 231-6323 **EMAIL:** wiroi@centracare.com	**Rice Memorial Hospital** Attn: HIM Dept 301 Becker Ave SW Willmar, MN 56201 **FAX:** (320) 231-4833 **EMAIL:** rmhroi@centracare.com	**Broadway Building** Attn: HIM Dept 1100 E Broadway Redwood Falls, MN 56283 **FAX:** (507) 697-6006 **EMAIL:** rwfroi@centracare.com	**Willmar Surgery Center** 1310 1st St Willmar, MN 56301 **FAX:** (320) 235-7069
PHONE: (320) 231-5014			PHONE: (320) 262-7867
Willmar Main Clinic *Willmar Lakeland Clinic* *Willmar Skylark Clinic* *New London Clinic* *Redwood Clinic*	*Rice Memorial Hospital*	*Redwood Hospital*	*Willmar Surgery Center*