



REQUEST FOR RELEASE OF INFORMATION

Mobile Infirmary | P 251-435-2286/ F 251-435-5884
Infirmary LTAC | P 251-435-1206/ F251-435-5884
Thomas Hospital | P 251-279-1570/ F 251-279-1490
North Baldwin Infirmary | P 251-580-1754/ F 251-937-7305

Name Date of Birth

Address Phone Number/ Fax Number

City, State, Zip Code Social Security Number (last 4 digits)

I hereby authorize: [] Mobile Infirmary [] Infirmary LTAC [] Thomas Hospital [] North Baldwin Infirmary
[] Other:

to release to Name and Address

This consent and authorization may include, but is not limited to, the release of medical, psychological, psychiatric, alcohol, drug abuse, STD and HIV/AIDS information.

Purpose of Disclosure:

The specific information to be released is:

- [] Abstract (pertinent physician documentation and results)
[] Facesheet [] X-ray Reports [] Nurses' Notes
[] Entire Record [] X-Ray Images/CDs [] Lab Reports
[] History and Physical [] Pathology Reports [] Itemized Statements
[] Discharge Summary [] Consultation Reports [] UB-04
[] Operative Report [] Physicians' Orders
[] ED Record [] Progress Notes
[] Other:

Dates of Hospitalization or Visit:

Medium to be used: [] Paper [] CD/DVD [] Email Address

I understand that this consent is revocable, except to the extent that action has already been taken in reliance thereon. Request for revocation of this authorization must be in writing. This authorization will expire (i) after 1 year, (ii) after the disclosure is made, or (iii) the date specified here: , to accomplish the purpose of the disclosure stated above.

Signature of Patient or Representative Date/Time

Relationship (if other than patient)

Signature of Witness Date/Time

Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and is no longer protected under Title 45, CFR. Infirmary Health may not condition treatment or payment on whether you sign this authorization, unless this authorization is for the provision of research-related treatment or for the creation of health information for disclosure to a third party.