



## Authorization for Disclosure of Health Information

### Completion Instructions

#### Complete all Sections of the Authorization Form

- 1 – Add patient identifiers and contact information
- 2 – List the health care provider or other entity who will be releasing the information
- 3 - Select the appropriate box that indicates if the patient will be receiving the information themselves (and the delivery option desired) or select the third-party checkbox to which the records should be sent, and the third party's delivery information.
- 4 – Ignore Box 4 if the patient is receiving their own records. Check box #4 only if the patient is allowing back and forth exchange of their health information between the receiving entity in #3 with the releasing entity in #2.
- 5 – List the date range of information that you want released. IF left blank, only two years of Health Information will be released.
- 6 – Select the appropriate box(es) to identify the specific information to be released or use the “Other” line to specify what is needed.
- 7 – Substance Use Disorder treatment records, genetic testing, mental illness/development disabilities, HIV test results and AIDS/AIDs related illness information may be part of the records identified above. Use this section to identify if any of these record types should be excluded from the released information.
- 8 – Add the expiration date of this authorization. Please note: In Illinois, if an expiration date is not listed, the authorization can only be honored on the date it is received by the releasing entity in #2 above.
- 9 – Choose a Purpose (why these copies are needed) by selecting the appropriate check box. There may or may not be a fee for the copies, depending on the purpose selected.
- 10 – Please read this section regarding patient rights with respect to this authorization.
- 11 – Signature of the patient or the patient's legal representative and date of signature. If legal representative is signing, select all applicable boxes in the lines below to identify why the patient is not the authorizing party.

**A paper copy of this authorization form will be provided upon request.**