



## Carolina's HealthCare System Authorization To Release Health Information Form Explanation

### **PURPOSE OF RELEASE:**

This section is where the patient states the purpose of the release of their health information.

### **RELEASE FROM:**

This section is where the patient indicates the Facility or Practice that they give permission to release their medical information. For releases, specify a beginning and end date or event (do not leave blank).

Example: Beginning of treatment relationship and End of treatment relationship in the case of a patient that wants their spouse/family to have access to their medical information across months, years and multiple/all episodes of illness is acceptable.

### **DATES OF SERVICE, RANGE OF TIME OR EVENT(S):**

This section is where the patient defines the release of the information by indicating what specific date(s), range of time, or event that can be released.

### **CHECK THE SPECIFIC INFORMATION TO BE RELEASED:**

This section is where the patient indicates which part(s) of their medical record they want released.

### **NAME OF PATIENT WHOSE INFORMATION IS TO BE RELEASED:**

This section is where the patient provides their name, address, social security number, chart/medical record number. Additionally, the patient can indicate where phone messages containing medical information can be left.

### **RELEASE TO:**

This section designates to whom the patient wants their medical information (such as treatment instructions and plans, conditions updates, lab updates and results, appointment information, billing information, pickup samples, etc.) sent.

### **PATIENT'S RIGHTS AND SIGNATURE:**

This section

- reviews a patient's rights around this authorization.
- is where the patient or authorized representative signs the authorization.
- is where the relationship to the patient is indicated, if the patient is not completing the authorization.

### **MINOR'S SIGNATURE:**

This section is where a patient under the age of 18 must sign, if the released information relates to the treatment of drug or alcohol abuse.

### **FINANCIAL COMPENSATION:**

If the health care provider receiving the patient information is to receive any compensation for the use of the patient information, this box should be checked.