KNOX COMMUNITY HOSPITAL
MOUNT VERNON, OHIO

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Patient Name: _____ DOB: _____
Address: _____ Phone: _____

Release Records From:	Release Records To:
☐ Knox Community Hospital ☐ KCH Provider	Name: _____
☐ Other: _____	Address: _____
Address: _____	City / State / Zip: _____
City / State / Zip: _____	Phone: _____
Phone: _____	Fax: _____
Fax: _____	

Dates of Service to release FROM: _____ TO: _____
Check only the boxes that apply:

☐ Emergency Room Report	☐ Consultation	☐ Radiological Report
☐ Discharge Summary	☐ Operative Report	☐ Radiological Images (CD only)
☐ Laboratory Report	☐ History & Physical Exam	☐ Recurring Labs
☐ Copy of Bill	Office Notes - Provider (s): _____	
☐ Other: _____		

(patient initials)	I wish to **EXCLUDE** the following from this release: ☐ Substance Use Disorder Treatment (SUD) ☐ HIV/AIDS ☐ Psychiatric diagnosis & treatment records ☐ Behavioral Health Notes ☐ Other: _____

The purpose for this disclosure is: ☐ Continuity of Care ☐ Attorney/Court ☐ Personal Review ☐ Insurance ☐ Other: _____

This authorization and consent will expire upon it being completed, unless this authorization is regarding Recurring Labs. If this authorization and consent is regarding Recurring Labs, it will expire upon the discharge of the order for those Recurring Labs. *The person's treatment, payment, enrollment, or eligibility for benefits is not conditioned on whether they signed the Authorization.* **Any information disclosed per the Authorization may be redisclosed by a recipient and is no longer protected by federal or state health privacy laws**.

_____

Date | Signature of Patient or Legal Representatives | Relationship to Patient, if Legal Representative

If signed by a legal representative, please provide your relationship to the patient (i.e. guardian, power of attorney, executor) ***and any required documentation to support this relationship***.

KCH HIM Office Use Only

_____ _____

Date | Signature of Staff Member completing this request | Method Records delivered

ID presented: ☐ Photo ID/Driver's License ☐ Other: _____