



RELEASE OF MEDICAL RECORDS

PERSONAL INFORMATION

Name _____ Birthdate _____
Phone _____ Alternate Phone _____ SS# _____
Address _____
City _____ State _____ Zip _____

I REQUEST HEALTH INFORMATION BE RELEASED FROM:

Facility Name or Person _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Date Needed By _____

I REQUEST THAT HEALTH INFORMATION BE SENT TO:

Facility Name or Person _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Date Needed By _____

INFORMATION TO BE RELEASED

- Inpatient/Hospital Records Discharge Summary Other, please specify _____
 Specific Dates/Years of Treatment From _____ to _____

I specifically authorize the release of protected confidential information regarding:

- Mental Health Drug/Alcohol Abuse Treatment

I specifically authorize the release of protected confidential information regarding:

- Current/Most Recent I.E.P. Psychological Evaluation Educational Testing and School Records

PURPOSE OF ACCESS OR RELEASE

- Admissions to Program Medical/Continuing Care Other _____

SIGNATURES

By signing below, I understand I am authorizing the use/release of my protected health information (PHI) and certify: My authorization is voluntary and the information given is accurate and complete to the best of my knowledge. This authorization is effective immediately and shall remain in effect for a period of one (1) year from the date of signature. I understand that I may revoke this authorization at any time by sending written notice, however, revocation will not affect any action previously taken in reliance on this authorization prior to receipt of my revocation. I further agree to release Micah 6:8 Ministries, Inc., its director, employees, and agents, as well as any facility honoring a request, from any and all liability resulting from the disclosure of the named patient's medical records in reliance upon the authority contained therein.

Signature of Applicant

Printed Name

Date

Signature of Witness

Printed Name

Date