



**AUTHORIZATION FOR RELEASE OF INFORMATION**

1. I, \_\_\_\_\_, hereby give my consent to North Alabama Medical Center to release to:  
FOR PICKUP, WRITE YOUR NAME HERE.

2. Name / Facility \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

3. Information from the patient of:

Patient Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Phone \_\_\_\_\_  
Medical Record Number \_\_\_\_\_ Account Number \_\_\_\_\_

4. Information to be released including psychological, drug, and/or alcohol conditions:

<u>Emergency Dept. / Outpt. Record</u>	<u>Ambulatory Record</u>	<u>Inpatient Record</u>
____ Date of service	____ Date of Service	____ Date of Service
____ Abstract	____ Abstract	____ Abstract
____ History & Physical	____ History & Physical	____ History & Physical
____ Operative Report	____ Operative Report	____ Operative Report
____ Discharge Summary	____ Discharge Summary	____ Discharge Summary
____ Complete Copy	____ Complete Copy	____ Complete Copy
____ Other	____ Other	____ Other

5. Purpose of Disclosure:

\_\_\_\_ Medical Care      \_\_\_\_ Insurance      \_\_\_\_ Other  
\_\_\_\_ Personal          \_\_\_\_ Attorney

6. This authorization shall be in effect for 90 days following the date of signature. However, I understand that this authorization may be revoked at any time by giving written notice to the facility. A photocopy of this authorization shall constitute a valid authorization.

\_\_\_\_\_  
**PATIENT or REPRESENTATIVE**

\_\_\_\_\_  
**RELATIONSHIP TO PATIENT**

\_\_\_\_\_  
**DATE**

**NOTICE TO RECIPIENT**

If the materials disclosed contain data related to alcohol and/or drug abuse, the information has been disclosed from the records whose confidentiality is protected by federal law. Federal Regulations (42 CFR Part 2) prohibits making further disclosure without the specified consent of the person to whom the information pertains or otherwise permitted by such regulations.

The information released is confidential; intended *only* for the use of the intended recipients named above. If you are not the intended recipient, you are hereby notified that any copying of this communication or dissemination of it to anyone other than the intended recipient is strictly prohibited. If you have received this communication in error, please notify us by phone immediately and return the records.

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