

Instructions for completing the Sanford Health authorization for disclosure of medical information.

Print legibly in all fields and complete all sections. An incomplete form will delay completion of a request.

- Patient Name/DOB** Print first & last name of patient whose information is to be released & patient's date of birth.
- Full Address/Phone #** Enter current address of patient requesting medical records and working phone number for daytime contact.
- Maiden/Prev Name** Note any maiden or previous names the patient may have used at any healthcare facility.
- Release Info From** Specify which facility the records are coming from. If a non-Sanford facility, print the name and address of the facility. Include the phone and fax number if you have it.
- Release Info To** Print the name, address and phone number of the person/facility who will receive the information.
- Purpose of Release** Check the category of why the information is needed. If it doesn't fall under one of the categories listed, specify the reason on the provided line.
- Date Information desired by** Note a date here if information is needed by a specific date (i.e. appointment time, etc). ASAP is not a specific date and will not be prioritized differently than other requests.
- Release Format** Check which method to receive / send the information. Paper will be sent in paper format via USPS. Electronic information will be sent on a USB (through USPS), email or to patient's My Sanford Chart Portal if available. Patient can also choose to pick up the information. Note: My Sanford chart is only an option for personal requests.
- Information to be released:**
- Service Dates** Enter "From" and "To" dates of treatment / appointments from which the records are being released. If release is intended to cover appointment/treatment dates in the future (after date of signature on the authorization), leave "To" date blank and check "all future records until this authorization expires." NOTE: By checking this box, information created in future appointments of any nature may be released if requested.
- Check the appropriate boxes of information to be released. If the box is not checked, records of that nature will not be released. NOTE: Entire Medical Record includes all provider notes, all flowsheet documentation, all test results, all scanned documentation, etc. Note that xray images are NOT included with the entire medical record option.
- Alcohol and drug treatment records will be released unless patient initials /signs in designated section.
- Release Expiration** This release, as it is written, will expire one year from date of signature unless a different date, event or purpose is noted. Information will not be released past the date of signature unless otherwise specified in the "Information to be Released" section.
- Signature/Date** Unless there is personal representative, i.e. power of attorney, legal guardian, etc. appointed, patient requesting the medical record must be the one to **sign and date** the authorization. Proof of personal representation may be required if not already documented in the medical record. Signature date is required.

If the patient is a child 17 years of age or younger, the patient's parent or legal guardian must **sign and date** the form unless an exception exists under state or federal law. If the patient is age 18 or older, the patient must sign and date the form themselves.

If patient is not signing the authorization, note relationship to patient (i.e. parent, POA, etc).

